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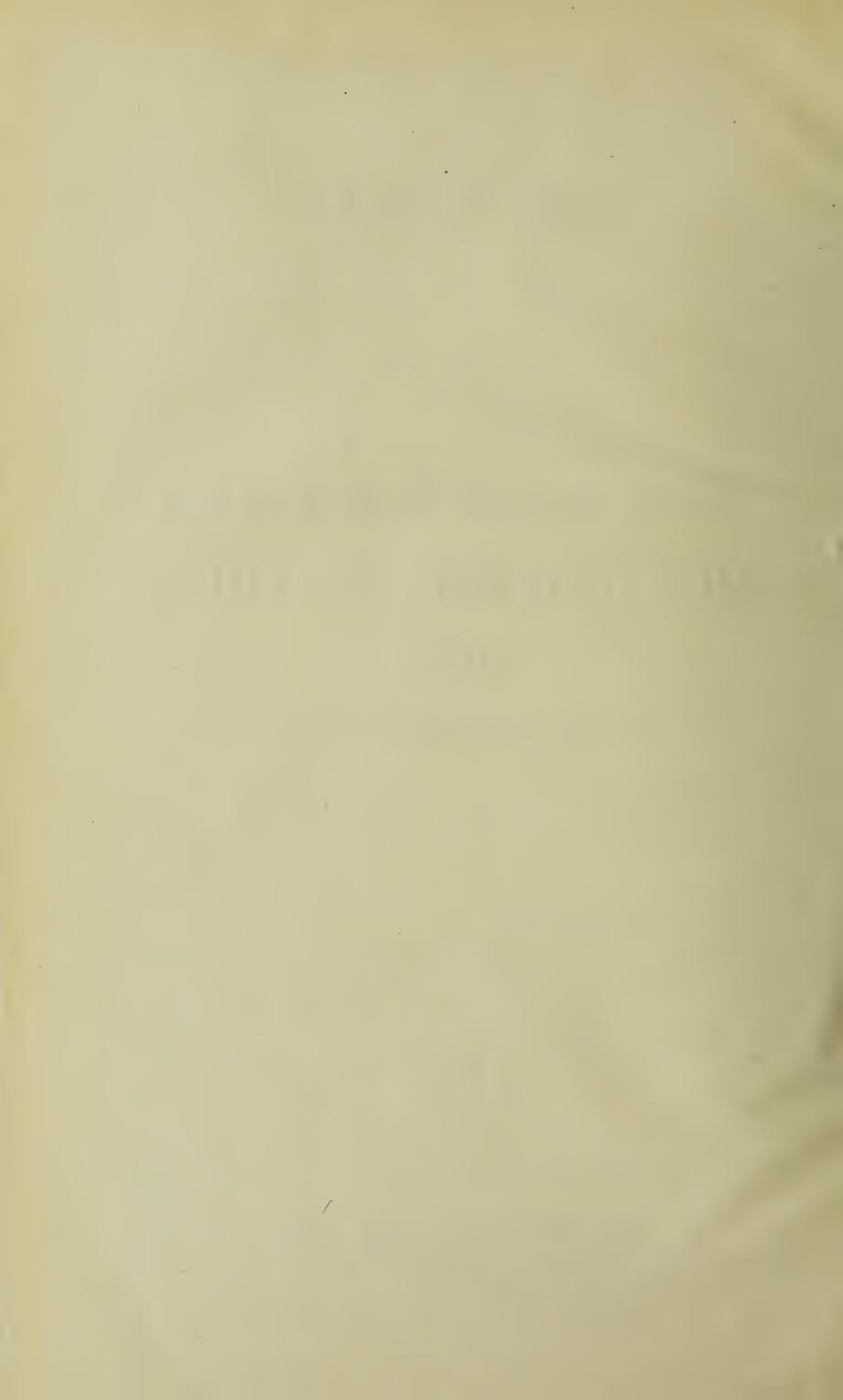
Ninth Annual Report of the OPHTHALMIC SECTION, 1921,

By the Director of Ophthalmic Hospitals.

Government Press, Cairo, 1922.

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Price - - - P.T. 15.



SIR,

I have the honour to enclose my Report on the Ophthalmic Hospitals and on Ophthalmic Progress in Egypt during the year 1921.

I have the honour to be,
Sir,
Your obedient servant,

A. F. MacCallan,

Director of Ophthalmic Hospitals.

THE DIRECTOR GENERAL,

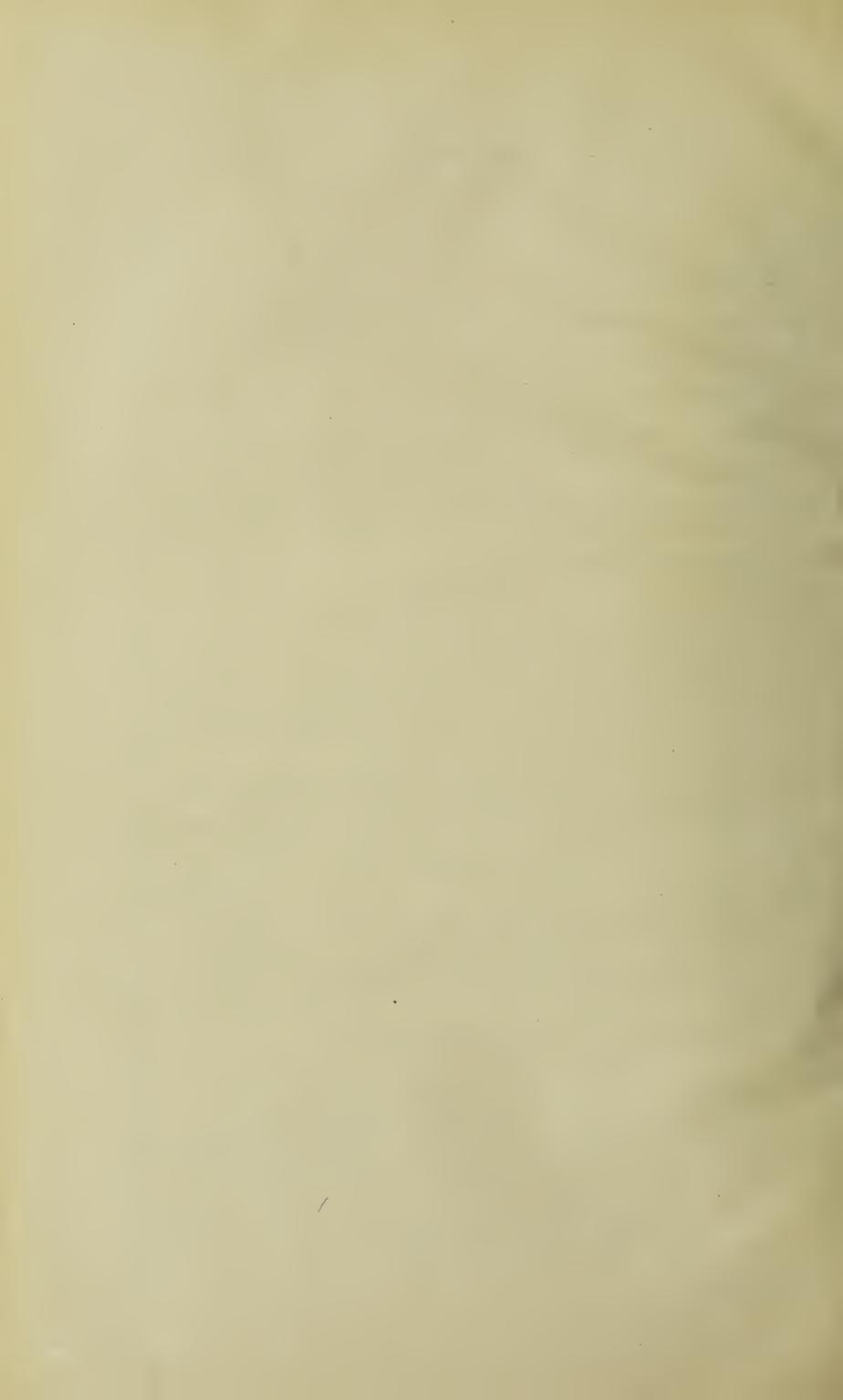
DEPARTMENT OF PUBLIC HEALTH,

CAIRO.



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REPORT ON THE OPHTHALMIC SECTION, 1921.

FOREWORD.

The Ophthalmic Hospitals of Egypt have some claim to distinction in the fact that twenty special ophthalmic hospitals are grouped together under one direction. only enables a large amount of clinical work to be done (113,000 new patients were treated, 65,000 operations were performed, and over a million attendances of out-patients were recorded during last year), but also facilitates the systematic trial of various methods of operation or of treatment.

The travelling hospitals are five in number; three of these are large and completely equipped hospitals in which every sort of ophthalmic operation can be performed, and two

are smaller though useful units.

There are fifteen specially built ophthalmic hospitals in the fourteen provinces of Egypt. These have been provided by local effort and are maintained mostly by the Government, but some by Provincial Councils. Also hospitals are in the course of construction at Qena and Gîza.

The surgical staff of the hospitals is entirely Egyptian, with a British Director.

During 1921 more than 15,000 patients applied for treatment at the hospitals who were blind in one or both eyes, or about twelve per cent of the total number of patients examined. The months of the year during which the pressure on the hospitals is greatest are from June to October. It is probable that this depends on the increased temperature during these months. The exact role, if any, played by flies in the propagation of eye-disease is not exactly known, but is under investigation.

There is a great distinction between acute ophthalmias and the chronic disease trachoma. The acute ophthalmias may, without treatment, cause blindness in a few days, and are the cause of the great increase of patients at the hospitals during the hot weather. The chronic trachoma affects more than 95 per cent of the population; it

results very frequently in depreciation of vision, though less often in blindness.

The ophthalmic inspection and treatment of the pupils in the Government schools is an important feature of the work of the Ophthalmic Section. The report on this subject cannot be included here as the year's work is not yet completed.

RAPPORT ANNUEL

DE LA SECTION OPHTALMOLOGIQUE, 1921.

AVANT-PROPOS.

Les Hôpitaux Ophtalmologiques d'Egypte ont quelque droit à la considération par ce fait que vingt hôpitaux ophtalmologiques spéciaux se trouvent groupés sous une direction

unique.

Ceci non seulement permet la réalisation d'un travail clinique considérable (durant l'année passée 113,000 nouveaux malades y furent traités, 65,000 opérations exécutées, et plus d'un million de présences de malades externes enregistrées), mais, encore, facilite le triage systématique des diverses méthodes d'opération ou de traitement.

Les hôpitaux ambulants sont au nombre de cinq: trois sont vastes, dotés d'un matériel complet, aussi peut-on y faire toutes sortes d'opérations ophtalmologiques; les deux autres,

quoique moins considérables, représentent cependant des unités utiles.

Dans les quatorze provinces d'Egypte, il existe quinze hôpitaux spécialement construits comme hôpitaux ophtalmologiques, et qui sont dus aux efforts locaux; leur entretien incombe au Gouvernement en majeure partie, les Conseils Provinciaux s'occupant de quelques-uns de ces hôpitaux. D'autres hôpitaux sont également en cours de construction à Keneh et Guizeh.

Le personnel chirurgical des hôpitaux est entièrement composé d'Egyptiens sous la

direction d'un Anglais.

En 1921, il se présenta aux hôpitaux plus de 15,000 malades borgnes ou complètement aveugles, soit 12 pour cent du nombre total des malades examinés. Les hôpitaux sont surtout surchargés durant la période qui part de Juin à Octobre. Il est probable que cela est dû à l'élévation de température que l'on peut constater pendant ces mois. Le rôle précis, s'il en est un, que jouent les mouches quant à la propagation des maux d'yeux, n'est pas exactement connu, mais des recherches sont dirigées dans ce sens.

Une grande distinction doit être faite entre l'ophtalmie aiguë et le trachome chronique : la première peut, à défaut de traitement, provoquer la cécité en peu de jours ; c'est elle qui cause également l'accroissement considérable du nombre des malades qui se présentent aux hôpitaux durant la saison chaude. Le trachome chronique, d'autre part, qui affecte plus de 95 pour cent de la population, se traduit généralement par l'affaiblissement de la vue et

moins souvent par la cécité.

L'inspection et le traitement ophtalmologiques des élèves des écoles gouvernementales est un aspect important du travail de la Section Ophtalmologique. Le rapport relatif à ce sujet ne pourra être inséré ici, le travail annuel n'ayant pas encore été terminé.

I.-OPHTHALMIC PROGRESS IN EGYPT.

During the past year the building of the new ophtalmic hospital at Qena has commenced; it is expected to be completed during the present year. In Gîza Province the Mudîr, Hassan Mazloum Bey, has at the request of His Majesty King Fuad, obtained a sufficient sum to justify the commencement of a permanent hospital for the province. An excellent site has been obtained from the Ministry of Finance, on which, as well as the hospital, it is proposed to erect an ophthalmic laboratory. This is much needed as the present laboratory is housed in a hired building. The money for the construction of the laboratory has been offered by the London Committee of the Imperial War Graves Commission, as a memorial to the men of the Egyptian Labour Corps and the Egyptian Camel Transport Corps who fell during the Great War. The sum available is L.E. 6,600, with which it is expected that a satisfactory building can be erected.

The southern section of Egypt has its ophthalmic needs supplied by a travelling hospital, which works from Luxor to Aswân, visiting Luxor, Isna, Idfu, Kôm Ombo, and Aswân.

This arrangement must suffice until a permanent hospital can be built at Aswân town, where a site already has been granted by the Ministry of Finance. The sum required

for building and equipping a permanent hospital is about L.E. 13,000.

Now that the Government maintains an ophthalmic hospital in each of the fourteen provinces of Egypt it is probable that no further ophthalmic expenditure on provincial ophthalmic hospitals will be considered by the Government, and that local bodies, whether Provincial Councils or Municipalities, must provide the money for building, equipping and maintaining such other new hospitals as they may desire. Such expenditure by local bodies will be welcomed by the Department of Public Health, which is able and willing to assist in the inauguration as well as, if required, in the management of such hospitals.

The prime cost and the cost of maintenance of various types of hospitals is here given for general information. It should be noted that the main work is carried out among outpatients, and that the number of beds is not a measure of the activity of a hospital.

DESCRIPTION OF HOSPITAL.	Number	Prime Cost at	Annnal
	of Beds.	Present Prices.	Maintenance.
		L.E.	L.E.
A. Qena Hospital, now under construction B. Faiyûm Hospital	24	13,000	2,500
	12	6,000	2,000
	12	3,000	3,000
	8	1,500	1,500
	—	750	750

II.—ULCERATION OF THE CORNEA COMPLICATING CONJUNCTIVAL INFECTION.

In the Annual Report for 1919 it was shown that under the form of treatment adopted at the Egyptian Ophthalmic Hospitals ulceration of the cornea is infrequent if the patient comes for treatment sufficiently early. During last year only 0·2 per cent of patients, who placed themselves under treatment while the cornea was still intact, developed ulceration. The treatment in all cases is the application of silver nitrate solution 2 per cent once, or more rarely twice a day, while the conjunctival sac is flushed very frequently with ordinary eusol solution, as used in general surgery; this is what is called constant wash treatment.

Out of 14,540 cases of acute conjunctivitis treated during last year 25 per cent came to the hospital with ulceration of the cornea already developed. Of the bacteriological causes of conjunctivitis the pneumococcus appears to be the most dangerous, then the gonococcus,

then the Morax-Axenfeld bacillus, and last the Koch-Weeks organism. This is the same relative order as was found both in 1919 and 1920.

ULCERS COMPLICATING CONJUNCTIVAL INFECTION DURING 1921.

							No	ULCERATIO	N OCCURRING IN		Per Cent of Cases in which
0	RGAN	ISM.					Ulceration.	New Patients.	Patients under Treatment.	Total.	Ulceration occurred.
Gonococcus Koch-Weeks Pneumococcus	•••	•••	•••	•••	•••	•••	5,718 3,297 137	2,142 784 143	15 7 1	7,875 4,088 281	27·39 19·34 51·24
Morax-Axenføld Mixed infection	•••	•••	•••	 Гота	 L	•••	$\begin{bmatrix} 950 \\ 720 \\ \hline 10,822 \end{bmatrix}$	$\frac{304}{320} \\ \hline 3,693$	$\begin{bmatrix} -\frac{1}{2} \\ 25 \end{bmatrix}$	$ \begin{array}{r} 1,254 \\ 1,042 \\ \hline 14,540 \end{array} $	$\begin{array}{ c c c }\hline & 24 \cdot 24 \\ & 30 \cdot 90 \\ \hline & 25 \cdot 57 \\ \hline \end{array}$

III.—CLINICAL CONDITIONS OF SPECIAL INTEREST.

1. Optic Atrophy.

For many years we have noted that there were a large number of cases of optic atrophy, but it is only during the last few years that a classification has been adopted which enables the origin of the condition to be understood.

We divide the causes of optic atrophy into: (1) primary as in spinal disease and arteriosclerosis, (2) the result of retro-bulbar neuritis, (3) post-neuritic atrophy, (4) the result of disease of the retina and choroid, (5) after compression or injury of the nerve, (6) unknown causes.

Among the interesting cases reported during 1921 were 114 cases of optic atrophy. By far the larger number of these were of the post-neuritic type, 46 in all. Primary atrophy was met with nineteen times, in sixteen of which the cause was stated to be unknown: in one case the patient had disseminated sclerosis, in another chronic myelitis, in a third spastic paraplegia.

Retro-bulbar neuritis was met with in twenty-four cases, twenty-three of which were patients who had recently suffered from an acute infectious disease, generally typhus. Eleven cases were secondary to various forms of retinal disease, three were the result of compression or injury of the optic nerve. Finally all cases were not sufficiently defined in their appearance to enable an accurate diagnosis to be made, but approximated in type to the primary form of atrophy. During the present year the increased interest in this condition will lead, it is hoped, to the reduction of the unknown forms in our statistics by increased pertinacity in obtaining the patient's history, and in the examination of his general condition.

Optic Atrophy:— (1) Primary:— (a) Spinal disease:— Disseminated sclerosis Chronic myelitis 1 Spastic paraplegia 16 (b) Unknown (2) Retro-bulbar neuritis:— 1 (a) Local ... (b) General:— Infectious diseases ... 2346 (3) Post-neuritic ... 11 (4) Retinitis, secondary ... 3 (5) Compression or injury of nerve 11 (6) Unknown ... 114

2. OPTIC NEURITIS.

The number of cases of optic neuritis seen was twenty, of which seven were accompanying disease of the kidney, one was a complication of diabetes, five were syphilitic in origin, two occurred after acute fevers, and five were of unknown origin.

3. DISLOCATION OF LENS.

There were twenty-nine cases of dislocation of the lens, twenty of which traumatic in origin, mainly the result of assault. Two cases only were the result of couching operations by charlatans: there is a great reduction in the number of the couching operations, of which fourteen were reported in 1912, and twenty in 1918. In 1918 there were seventy traumatic dislocations of the lens reported and seventy also in 1920, so we have been more peaceful during the last year.

4. Fundus Conditions.

There were forty-three cases of detachment of the retina. In sixty-three cases the choroid and retina were found to be diseased in various ways. There was one case of embolism of the central artery of retina. There were five cases of opaque nerve fibres, and one case of synchisis scintillans.

IV.—BLINDNESS IN EGYPT.

1. Percentage of Blindness among Hospital Patients.

Of the 127,223 patients who applied for treatment during 1921 at the Egyptian Ophthalmic Hospitals 15,619 were found to be blind in one or both eyes. This works out at 12.2 per cent of the patients. It must not be thought, however, that the same percentage of the population as a whole is similarly affected. According to the 1917 Census the percentage was only 4.358. This was an improvement on the 1907 Census in which the percentage of people who were blind in one or both eyes was found to be 4.575.

Since the year 1909, when our statistics began to be accurate, the percentage of hospital patients who were blind in one or both eyes varied from 15.6 per cent in 1909 to 19.2 per cent in 1911, after which year there was a steady drop until 1917, when it rose again to nearly 14 per cent, increasing again in 1918 to 14.6 and in 1919 to 15.3 per cent. In these latter years it is to be noted that the food conditions were very bad throughout the country and especially in Upper Egypt, where large numbers were on the verge of starvation; it is probable that the resulting loss of resisting powers was a contributory cause to the increase in the blidness in 1917, 1918, and 1919. In 1920 the percentage fell to 13.8 and to 12.2 in 1921.

I am making enquiries as regards the economic condition of the country in 1910 and 1911 to determine if this can account for the large proportion of blindness among our hospital patients in those years.

YEAR.		Per Cent of Blindness in One or Both Eyes.	YEAR.	Per Cent of Blindness in One or Both Eyes.
1909 1910 1911	•••	$15 \cdot 6$ $17 \cdot 4$ $19 \cdot 2$	1916 1917 1918	$11 \cdot 2$ $13 \cdot 9$ $14 \cdot 6$
1912 1913 1914	•••	$15.8 \\ 14.8 \\ 13.2$	1919 1920	$13.8 \\ 12.2$
1915	•••	$13 \cdot 2$ $12 \cdot 0$	1321	14.4

It is important to record our definition of blindness; we call a patient blind if he cannot count fingers held up in front of him at a distance of one metre, the definition adopted by Trousseau.

2. Incidence of Blindness at Different Localities.

There was a varying incidence of blindness at different localities; at Aswân 20·26 per cent was recorded by Dr. Bakly. At Minya Dr. Mahmud Zaki reported 19·85 per cent. The next was at Mansûra where Dr. Seddik reported 19·3 per cent. Dr. Migally reported 17 per cent from Beni Suef, Dr. A. M. Girgis 16·5 per cent from Asyût, and Dr. Hassan Barrada 16·16 from Sohâg.

Except that the highest incidence of blindness was found at Aswân there is no special part of Egypt which is more particularly affected than any other as far as I can determine. However, it appears that Port Said and Alexandria have less blindness than the provincial capitals.

3. Age at which Blindness occurs.

The age at which people become blind has been studied in its relation with the grand total of cases examined, with the total number of blind patients, and with the other patients of the same age, all during 1921. It is only in relation with the number of patients of the same age that somewhat remarkable results have been obtained, as is seen from the following table:—

-								
								Per Cent of
								Patients
								of this Age.
fr 1								4 60
Under		_			• • •	•••	• • •	4.68
From	1	to	5	years				$6 \cdot 73$
,,	-6	to	10	years				$5 \cdot 99$
,,		to		,,	• • •	• • •		$7 \cdot 37$
,,	16	to	20	,,				$9 \cdot 59$
,,	21	to	25	,,				$10 \cdot 65$
		to		"				$14 \cdot 61$
22		to						16.19
,,		to		"				18.15
22		to		,,	•••	•••		$23 \cdot 15$
22		to		"	•••	•••	•••	$27 \cdot 24$
"				"	• • •	• • •	• • •	·
,,	51	to	99	,,	• • •	• • •	• • •	30.11
,,	56	to	60	,,				$30 \cdot 64$
,,	61	to	65	,,		• • •		$34 \cdot 15$
,,	66	to	70	,,				$36 \cdot 12$
Over				•••				40.34
		J						

These results may be summarized as follows: Of all the new patients who came to the hospitals who were under one year of age, 4.68 were blind in one or both eyes. Of all the patients who came to the hospitals aged between one year and five years, 6.73 per cent were blind in one or both eyes. The percentages worked out for the various five yearly periods of age similarly, give increasing figures from about 6 per cent from one to five years to about 40 per cent over 70 years of age.

This means either that the risk of the supervention of blindness goes on increasing throughout life, or that as age increases there is an increasing unwillingness to seek treatment at the hospitals unless blindness has supervened; or that there is less necessity

as age advances to apply for hospital treatment.

The latter is the probable explanation, as we know from experience in the schools that trachoma is largely an age disease, and if this is accepted, it is clear that as age advances there is less necessity for treatment for this disease. I may quote from the last Annual Report of the Ophthalmic Hospitals (1920):—

"I have previously pointed out that trachoma appears to be closely related to the age of the pupils, the more serious stages being common in the first school year and less common in the fourth year. This is the result of the gradual process of cicatrization which

the life-history of the disease manifests. These serious stages diminish from approximately 33 per cent in the first year, 15 per cent in the second year, 11 per cent in the third year to 8 per cent in the fourth year. These details for the past four sessions in which treatment has been carried out are here given."

Comparison of Serious Stages of Trachoma, Stages I and II.

Cr Laa				Per	Cent.	
Class.			1916-1917	1917-1918	1919-1920	1920-1921
First year Second ,, Third ,,	•••		45.5 28.1 12.1	41·7 15·3 9·8	31·2 14·8 8·5	33·3 15·7 10·9
Fourth ",	•••	•••	6.7	2.3	7.6	7.8

4. Pathological Causes of Blindness.

The pathological causes of blindness were 18,198 in number. Of these, conjunctivitis was responsible for the great majority, that is to say conjunctivitis which resulted in total corneal opacity, shrunken globe, secondary glaucoma, etc. These accounted for 13,792 of the causes. Glaucoma was responsible for 1,705 causes, cataract for 1,499, endogenous iritis for 236, optic atrophy for 163, and injury for 123.

B

A.—Congenital	•••	•••	•••	•••	•••	• • •	•••	17
(1) Conjunctivitis resulting in:	_							
 (a) Total corneal opacity (b) Shrunken globe (c) Secondary glaucoma (d) Other conditions 	• • •	• • •	•••	•••	•••	•••	•••	5,033 4,390 2,711 1,658
(2) Fundus :—								
(a) Optic atrophy (b) Retinitis Pigmentosa (c) Detachment of retina (d) Various	• • •		•••	•••	•••	•••	•••	163 17 51 160
(3) Glaucoma, primary:— Absolute monocular Absolute binocular	•••	• • •	• • •	•••	•••	•••		930 775
(4) Cataract (5) Injury (6) Operation (7) Infectious disease (8) Iritis endogenous (9) Various	•••	•••		•••	•••	•••	••••	1,499 123 30 7 236 398
•					Tot	al		18,198

V. - THE INCIDENCE OF PRIMARY GLAUCOMA IN EGYPT.

During 1921 the number of patients exhibiting signs of glaucoma was 2,254 out of a total of 127,223 persons presenting themselves for treatment at the Egyptian Ophthalmic Hospitals. This works out at 1.77 per cent, a considerably higher percentage of glaucoma, as compared with other eye-diseases, than is given in the American Encyclopedia of

Ophthalmology which is one per cent. This high incidence of glaucoma among Egyptians was first observed by Brugsch Bey, though it could hardly escape the notice of any ophthalmologist practising in Egypt.

It is much to be regretted that so many patients delay seeking treatment until they are already blind in one or both eyes, as was the case with 75 per cent of our cases.

The operation of election in uncomplicated chronic glaucoma has been trephining the corneo-sclera according to the method of Elliot, in which an iridectomy is invariably done through the trephine hole. The instrument used is always a $1\frac{1}{2}$ -millimetre Bronner's trephine.

In acute glaucoma and in most cases of sub-acute glaucoma the operation advised is an iridectomy carried out through an incision effected with a Graefe knife, the iris being incised with the scissors at either extremity of the wound which should be fairly peripheral. A very large incision is not required, provided that the iris forceps seize the iris at the right hand side of the wound well within the A.C., and tearing it away from the periphery, cut it again at the left hand extremity of the wound while it is put on the stretch by traction with the forceps.

Trephining is not advisable in cases in which there is opacity of the lens, on account of causing difficulty when the time comes to do an extraction. Nor is trephining advisable in cases which have a thin conjunctiva with very little subconjunctival tissue; nor in cases where the use of eserin previous to the operation has caused some ædema of the conjunctiva. It is a matter of experience that Europeans incline to have a thinner conjunctiva than Egyptians. Also Egyptian gentlefolk, especially those of spare habit, have a thinner membrane than do fellahîn.

During the year 337 iridectomy operations were performed and 492 trephinings with iridectomy.

We advise operation in both eyes in all cases of glaucoma, that is to say, when unmistakable glaucoma has been determined to be present in one eye, we advise operation also in the fellow, even though there are as yet no clinical signs of glaucoma in the better eye. This has been our practice for many years; it was referred to in the Annual Report of the Ophthalmic Hospitals for 1913.

INCIDENCE OF PRIMARY GLAUCOMA.

	1916	1917	1918	1919	1920	1921	TOTAL.
						•	
Acute	19	12	12	49	328	56	476
Sub-acute	15	38	45	49	158	79	384
Chronic	436	552	637	1,617	1,739	2,119	7,100
Absolute	1,113	1,842	1,518	1,000			5,473
Total	1,583	2,444	2,212	2,715	2,225*	2,254†	13,433
Total number of patients examined	94,447	100,410	90,668	83,577.	108,113	127,223	604,438
Per cent of glaucoma cases	1.67	2.43	2.44	3.25	2.05	1.77	2.22
Per cent of absolute glaucoma cases	1.17	1.83	1.67	1.19	1•45	1.34	1.44
Operations:—				•			
Iridectomy	78	153	203	2 99	310	337	1,380
Trephining with iridectomy	534	655	509	450	425	492	3,065

^{*} Including 1,565 absolute monocular and binocular.

[†] Including 1,705 absolute monocular and binocular.

VI.—PATHOLOGICAL REPORT.

THE EYELIDS.

Among the benign tumours of the lids were 12 dermoid cysts, 1 adenoma of a Meibomian gland, 1 angio-fibroma in a child of fifteen months of age, and a fungating Meibomian gland. The malignant tumours of the lid included eight cases of rodent ulcer, of which four came from Asyût Province. There were also from Asyût a fibro-angioma and a glandular carcinoma. Two cases of epithelioma were found.

THE CONJUNCTIVA.

The conjunctival specimens exhibited hyaline degeneration three times, and amyloid degeneration or the precursor of amyloid degeneration, eleven times. There were 4 angiomata of various kinds, I lymphangiectasis, I granuloma, and I fibroma. The malignant tumours were only two in number, being an epithelioma and a glandular carcinoma.

THE LIMBUS.

The tumours of the limbus were less frequent than they were in 1920, there having been only two benign tumours, a granuloma and a lepra nodule. There were also three cases of epithelioma.

THE CORNEA.

The cornea supplied two granulomata.

THE RETINA.

The retina was twice found to be affected with glioma.

THE ORBIT.

The orbit was once eviscerated for myxo-sarcoma.

MISCELLANEOUS CASES.

There were 28 cases of inflammation of the iris: 145 cases of anterior synechiæ or adherent leucomata resulting in secondary glaucoma: and 29 cases of phthisis bulbi.

The examination of the conjunctival secretion for eosinophilia was carried out 26 times with a positive result in 5 cases. The Veterinary Department of the Ministry of Agriculture at Gîza sent the eyes of 35 horses, mules or donkeys for examination, 7 of which were found to show signs of disease.

VII.—RESULT OF EXAMINATION AT THE CENTRAL MEDICAL COMMISSION OF VISUAL ACUITY AMONG CANDIDATES FOR POSTS IN THE GOVERNMENT SERVICE.

The regulations which at present regulate the admission of candidates to the Government service as far as the eye-sight is concerned are as follows: Vision should not be less than 6/12 with each eye. If the vision is 6/6 with one eye, vision of 6/18 with the other eye is accepted. Glasses may be used of a strength not greater than 6 dioptres for each eye. If the glasses are stronger than six dioptres, the candidate will be rejected, unless his physical condition, apart from visual acuity, is above the average.

During the year 1921, 5,441 individuals were examined, of whom 1,587 failed to attain the requisite visual standard. Of those who failed 779 were not wearing spectacles, while 808 were wearing these aids to vision.

During the same year also 445 candidates attained the requisite standard who had previously failed on one or more occasions. Of these only 13 were not wearing spectacles.

Therefore, 29 per cent failed to attain the very low standard demanded. It is interesting to recall that in the Report for 1920 it was shown that in the Primary Schools of the Ministry of Education in the provinces, 36 per cent of the pupils did not attain to such a standard of vision as would admit them to Government service.

VIII.—THE OPHTHALMOLOGICAL SOCIETY OF EGYPT.

The Ophthalmological Society of Egypt held its annual meeting at the School of Medicine on March 3, 1922. The programme was as follows:—

(1) A. Migally: "A case of perforation of the Cornea by a piece of egg-shell."

(2) A. F. MacCallan: "Causes of blindness in Egypt."

- (3) A. F. Rasheed Bey: "A summer visit to the Vienna and Berlin Ophthalmic Clinics in 1921."
- (4) M. Sobhy Bey: "Four cases of pseudo-membranous conjunctivitis of a severe nature, and threatening affection of the cornea treated with anti-diphtheritic serum."
- (5) Mohamed Tewfik: "Some notes about milk injections: with reference to tolerance of high doses among Egyptian patients comparatively low reaction: its theory of action: and some clinical results."

(6) Zaki Seddik: "A case of two small foreign bodies in the globe removed success-

fully."

- (7) R. V. Dolbey: "Ethmoidal sinus suppuration simulating orbital tumour."
- (8) M. Sobhy Bey: "A cyst of the orbit with proptosis. Patient had a Kronleins operation. A microfilaria was found in the cheesy contents of the cyst. Blood examination shows microfilariasis. The negative result of a systematic laboratory research to the contents, except the presence of the microfilaria already mentioned, makes the filarial nature of the cyst quite possible. The patient will be shown to the Society."

(9) M. Riad: "Fundus appearance in Ankylostoma worm infection."

- (10) A. F. MacCallan: "Synopsis of the clinical work at the Egyptian Ophthalmic Hospitals in 1921."
- (11) M. Sobhy Bey: "A case of Parinaud's conjunctivitis with negative result of animal inoculation."
- (12) M. Riad: "Report on a case of multiple lymphangioma of scalp, face, and lids."
- (13) A. F. MacCallan: "Incidence of primary glaucoma in 1921 in Egypt."

(14) Mahmud Kamel: "Treatment of purulent ophthalmia."

(15) W. Kiep: "Ocular complications in malaria."

(16) M. Sobhy Bey: "An adenoma of the Meibomian gland of the lower lid simulating in clinical appearance an epithelioma."

(17) Mohamed Tewfik: "Report on the result of treatment of case of arterio-venous

aneurysm reported to the Society last year."

- (18) M. Sobhy Bey: "A probable case of sporotrichosis of the lids lymphangitic form. A fungus obtained from the lymphangitic nodules on artificial media. Slides showing the mycelium in the smear and cultures."
- (19) A. M. Girgis: "Exhibition of a case of iridotomy for glaucoma."
- (20) Fakhry Hanna: "Exhibition of:-
 - (a) "A case of tumour of L. Orbit."

(b) "A case of R. congenital ptosis."

(21) Halim Abu Seif: "Exhibition of a case of sarcoma of orbit of 7 years' duration in a patient 10 years' old."

(22) W. Kiep: "Exhibition of a case of scrofula with phlyctenular keratitis."

(23) M. Zaki: "Exhibition of a case of scrofula and phlyctenular keratoconjunctivitis."

IX.—STATISTICAL TABLES.

1911 1912 3 4 4 20,488 28,029			1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921
			<i>co</i> 6										
			က ဇ										
20,488 28,029			c	4	ı	4		4	-1 1	70).C	,0	ŭ
20,488 28,029			1	4	L	10	111	13	13	13	13	15	16
	:		20,488		40,670	50,126	52,752	68,304	81,529	82,316	76,525	94,921	113,201
236,411 341,211			236,411	341,211	544,267	686,012	735,919 8	998,648	903,751	922,614	906,961	1,064,509 1,322,074	1,322,074
	:		14,322	21,315	30,648	40,710	42,146	54,205	59,581	54,277	49;974	56,503	65,378
	: : : : : : : : : : : : : : : : : : : :		829	606	1,807	2,071	2,274	2,454	2,847	3,264	3,613	4,232	4,513
Details:—													
Patients examined 31,274 43,668 62,233	: : : : : : : : : : : : : : : : : : : :	:	31,274	43,668	62,233	75,398	71,930	94,447	100,410	90,668	83,577	108,113	127,223
Patients regularly treated 20,488 28,029 40,670	•	:	20,488	28,029	40,670	50,126	52,752	68,304	81,529	82,316	. 76,525	94,921	113,201
Incurable cases 2,620 7,200 9,544	:	; ;	2,620	7,200	9,544	10,554	7,765	9,871	9,675	5,650	4,467	6,400	6,727
Blind in one eye 3,196 4,115 5,360	:	:	3,196	4,115	5,360	6,425	5,637	7,042	9,385	8,969	8,537	9,833	10,566
Blind in both eyes 2,811 2,824 3,878	:		2,811	2,824	3,878	3,591	2,992	3,504	4,611	4,261	4,278	5,154	5,053
Trichiasis cases examined 7,871 13,176 17,329			7,871	13,176	17,329	21,624	19,220	22,214	27,341	26,164	20,052	23,154	28,245
", eyes operated on and cured 3,933 6,942 11,700	:		3,933	6,942	11,700	16,542	19,149	26,094	30,200	28,890	24,611	27,081	28,939

TABLE I.—SYNOPSIS OF WORK OF HOSPITALS SINCE 1911.

TABLE II.—Sources of Provision of Hospitals.

Hospitals.	Date at which opened.	Government Grant.	Public Subscription or Private Benefaction.	Provincial Councils or Municipality.
		L.E.	L.E.	L.E.
No. 1 Travelling*	1904	_	1,000	_
No. 2 Camp†	1905			1,500
Tanta	1908	8,463	_	_
Asyût	1911	8,817 and site	5,004	_
Mansûra	1912	_	5,000	
Beni Suef	1912	_	4,000	_
Asyût Travelling	1912	_	_	720
Zagazig	1913		_	4,286
Mahalla el Kubra	1913	_	_	2,400
Kafr el Zaiyât	1913			2,200
Daqahlîya Travelling	1913			72 0
Damanhûr	1914		_	5,000
Shibîn el Kôm	1914	-	5,422	_
Sohâg	1914	960	4,000	_
Minya	1915	_		5,500
Santa	1915	_		2,600
Faiyûm	1916	Site.		4,000
No. 3 Travelling‡	1918	_	1,000	
Benha	1920	_	14,000	_
Port Said	1921	1,000	_	1,000
Qena §			12,400	2,800
Gîza §		Site.	6,300	600
TOTAL		19,240	58,126	33,326

* Retained in Cairo for provision of clinical facilities for teaching.
† Stationary at Gîza until completion of Gîza Permanent Ophthalmic Hospital.
‡ For South Egypt, Luxor to Aswân, until Aswân Permanent Hospital is completed.
§ Under construction.

TABLE III.—NEW PATIENTS TREATED PER MONTH.

January	•••	•••	•••	•••	• • •	•••	• • •	•••	•••	2 • •	•••	6,651
February	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	6,284
March	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		7,359
April	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••		9,066
May	• • •	• • •	•••	•••	•••	• • •	•••	•••	•••	•••		8,749
June	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •		12,208
July	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		14,393
August	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		10,822
September	•••	•••	1 • •	• • •	•••	•••	•••	•••	•••	•••		10,735
October	•••	<i>f</i>	•••	•••	•••	•••	•••	•••	•••	•••		11,194
November	•••	•••	•••	• • •	•••	•••	•••	• • •	•••	•••		9,107
December	•••	•••	•••	•••	• • •	•••	•••	•••		•••		6,633
							To	TAL	•••	•••		113,201

Table IV.—Number of Patients treated and Operations performed at the Ophthalmic Hospitals during 1921.

Hospitals.	Number of Patients.	Hospitals.	Number of Operations
No. 1 Rôd el Farag Asyût Tanta No. 2 Stationary Gîza Beni Suef Alexandria Minya Port Said Shibîn el Kôm Benha Asyût Travelling Mansûra Zagazig Faîyûm No. 3 Travelling. Sohâg Damanhûr Mahalla el Kubra Daqahlîya Travelling Kafr el Zaîyât Santa Aswân (Oph. Branch)	7,955 7,927 6,054 5,720 5,529 5,315 5,299 5,254 5,160 5,136 4,726 4,726 4,389 4,142 4,000 3,765 3,369 3,211 2,998	Tanta No. 1 Rôd el Farag Asyût No. 2 Stationary Gîza Beni Snef Benha Sohâg Minya Mansûra No. 3 Travelling Shibîn el Kôm Zagazig Faîyûm Alexandria Daqahlîya Travelling Asyût Travelling Kafr el Zaîyât Damanhûr Mahalla el Kubra Santa Port Said Aswân (Oph. Branch)	5,749 5,407 4,584 3,810 3,558 3,494 3,493 3,491 3,370 3,319 2,941 2,866 2,683 2,471 2,295 2,205 2,192 1,914 1,888 1,880 1,315 453

N.B.—Number of working months:—

No. 3 Travelling			113	
				(Opened on June 11, 1920.)
Aswân Branch	•••	•••	$2\frac{3}{4}$	(Opened at the general hosp. on Jan. 23, and closed on April 1.)
Asyût Travelling Daqahlîya Travelling	•••	•••	$\frac{7\frac{1}{2}}{9\frac{2}{8}}$	on 2-p·11

Takle V.—Average Number of Operations performed per Month at all Ophthalmic Hospitals during 1921.

Hospitals.	MAJOR.	Hospitals.	MINOR.
Asyût No. 1 Rôd el Farag Sohâg Benha Beni Suef No. 2 Stationary Gîza Tanta Faîyûm Minya Zagazig Mansûra No. 3 Travelling Asyût Travelling Shibîn el Kôm Daqahlîya Travelling Port Said Alexandria Santa Kafr el Zaîyât Damanhûr Mahalla el Kubra Aswân Branch	233 206 188 188 184 178 169 163 160 157 156 146 136 131 114 110 103 96 91 90 68	Tanta No. 1 Rôd el Farag Asyût Asyût Travelling No. 2 Stationary Gîza No. 3 Travelling Minya Mansûra Beni Suef Shibîn el Kôm Daqahlîya Travelling Benha Sohâg Aswân Branch Alexandria Kafr el Zaiyât Port Said Zagazîg Damanhûr Mahalla el Kubra Faiyûm Santa	311 244 149 148 139 135 128 124 113 109 107 104 103 97 96 86 83 79 69 68 54 54

Table VI.—Conjunctival Micro-organisms found during 1921.

URGANISMS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Goconoccus	105	51	102	348	548	1,045	1,399	931	942	1,067	928	461	7,875
:	120	92	124	397	496	711	492	322	360	410	381	183	4,088
Morax-Axenfeld	72	7.1	69	103	134	128	153	104	111	105	103	101	1,254
Pneumococcus	14	∞	∞	1.6	96	29	31	32	20	33	43	21	281
Xerosis	22	15	2	24	23	17	133		∞	22	18.	0£	206
2000	1	1	1	-	67	l		7		ಣ			1
Mierococcus	1	1	1	1	1		1						1
Strentococcus	1	1	1	F		and the second	. 1	1	1	-	1		
:	-1 1	10	12	∞	23	29	47	27	31	35	0.2	3.1	327
)													
TOTAL	337	247	322	898	1,252	1,959	2,135	1,424	1,472	1,675	1,491	827	14,039
													-
Negative	105	72	20	145	. 221	231	297	196	247	142	232	128	2,021
GRAND TOTAL	442	319	392	1,043	1,473	2,190	2,362	1,620	1,719	1,817	1,728	953	16,060

TABLE VII.—RELATION OF VARIOUS CONJUNCTIVAL MICRO-ORGANISMS TO MONTHLY INCIDENCE OF ULCERATION OF CORNEA.

								15 -									
ION.	ation ing in	Patients under Treatment.		I	ı	I	ı	1	ı	1	1	П	ı		l	64	
MIXED INFECTION	Ulceration occurring in	New Patients.	•	25	19	12	15	02	25	42	23	36	19	53	31	320	
Mix	۶	Ulceration.		24	16	22	39	84	89	83	63	82	58	105	92	720	
J.D.	ation ing in	Patients under Treatment.		1	ı	ı	l	ı		1	1	ı		1	ı	I	
Morax-Axenfeld.	Ulceration occurring in	New Patients.		22	14	14	20	33	26	47	30	27	53	21	21	304	
Мов		No Ulceration.		20	57	55	83	101	102	106	74	84	92	82	80	950	
ů	ttion ing in	Patients under Treatment.		1	I	l	l	I	ı	1	ı	ı	1	П	1		
EUMOCOCCUS.	Ulceration occurring in	New Patients.		∞	9	4	6	12	10	18	19	13	15	17	12	143	
PNE		No Ulceration.		9	671	4	2	14	19	13	13	<u></u>	18	25	6,	137	
	ttion ng in	Patients under Treatment.		ı		1		Н	4	ı	1	I	—	-	Н	L-	
KOCH-WEEKS.	Ulceration occurring in	New Patients.		31	20	23	51	64	109	86	91	83	02	98	558	784	
K	-	No Ulceration.		89	72	101	346	43i	598	394	231	277	339	295	124	3,297	
	ttion ng in	Patients under Treatment.		1	1	1	П	Н	1	9	ಣ	ı	ಣ		l	15	
GONOCOCCUS	Ulceration occurring in	New Patients.		37	11	28	88	135	. 231	370	287	251	282	257	165	2,142	
9	,	No. Ulceration.		89	40	1 7	259	412	814	1,023	641	691	782	618	596	5,718	
		100		:	:	:	:	:	:	:	:	:	:	:	:	 :	
				:	:	:	:	:	:	:	:	:	:	:	:	:	
				:	:	:	:	:	:	:	:	:	:	:	:	Total.	
				÷	:	:	:	:	:	:	:	:	:	÷	:	H	
				:	:	:	:	:	:	:	:	:	:	:	÷		
				÷	:	÷	:	:	÷	÷	:	:	÷	:	:		
				:	y	÷	:	÷	÷	:	:	er	:	er	er		
				January	February	March	April	May	June	July	August	September	October	November	December		

TABLE VIII.—NEW PATIENTS TREATED ACCORDING TO THE AGE AT WHICH THEY SOUGHT TREATMENT.

				Age.				Number of Patients.
Under	on	ie y	zea:	r	•••	•••	• • •	$7{,}002$
From				years		• • •		14,229
,,	6	to	10	years				13,164
,,	11			,,		•••		11,430
,,	16	to	20	,,		• • •	•••	8,652
21	21	to	25	22		•••		9,101
3.2	26	to	30	,,		•••	•••	10,708
5 7	31	to	35	,,				9,139
3,	36	to	40	,,			• • •	7,991
,,	41	to	45	,,			• • •	5,438
,,	46	to	50	,,	• • •	• • •	• • •	5,006
,,	51	to	55	,,	• • •	•••	•••	2,833
3 †	56	to	60	,,	•••	•••	• • •	3,358
9 F	61.	to	65	,,	•••	•••	• • •	2,070
,,	66	to	70	,,		•••	•••	1,603.
Over	70	yea	ars	•••	•••	•••	•••	1,537
				T	OTA:	L	•••	.113,201

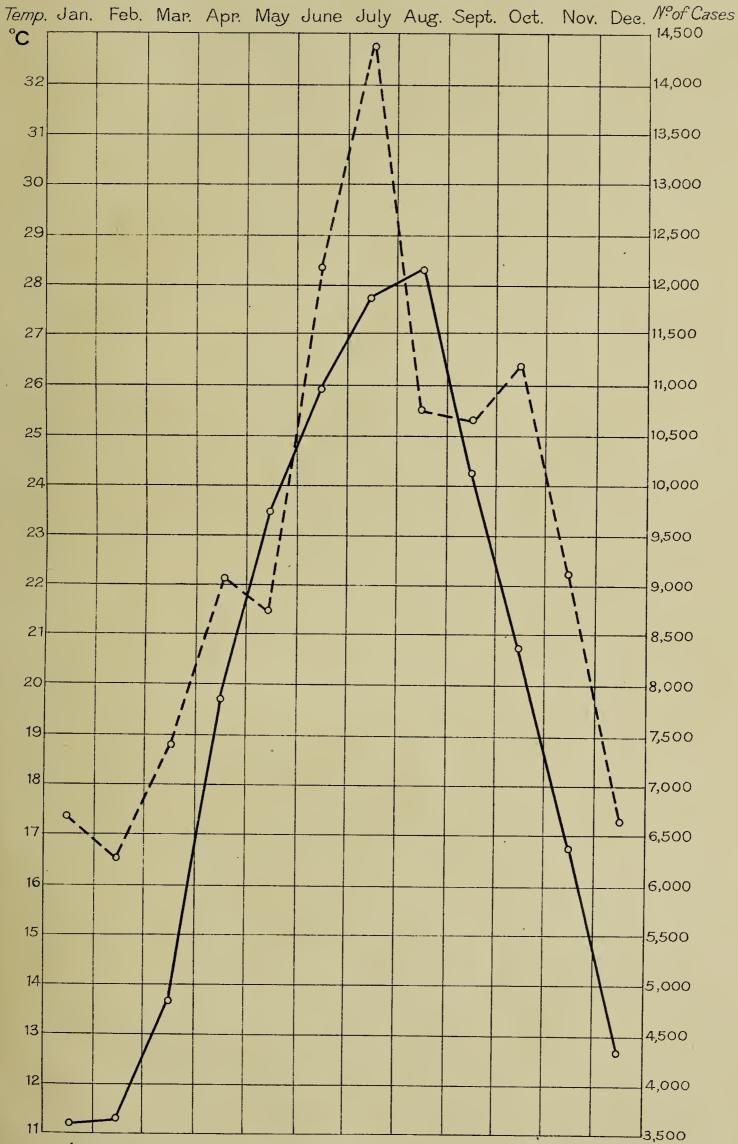
Little is to be learned from this table except that a large and increasing number of young patients are desirous of utilising the hospitals.

TABLE IX.—AVERAGE TEMPERATURE.

The average temperature was arrived at by taking one place in Lower Egypt (Qorashîya), one place in Cairo (Gîza), and one place in Upper Egypt (Asyût), and obtaining an average figure from the mean temperature at each place on each month. This is shown in appended table, the readings being in degrees centigrade.

MONTH.	Qorashîya.	Gîza.	Ásyûт.	AVERAGE.
January	10.7	10.8	12•1	11.5
February	$\frac{10 \cdot 5}{12 \cdot 5}$	11·1 13·4	12·4 15·3	11·3 13·7
April	17.8	18.6	22.8	19.7
May June	21·6 24·1	22·6 24·8	26·5 29·2	23°6 26°0
July	26·5 26·7	26·9 27·4	30·0 31·0	27·8 28·4
August September	23.4	23.6	25.6	24.2
October	20 · 0 16 · 3	20·2 16·3	22·3 17·7	20·8 16·8
December	12•2	12.4	13.2	12.7

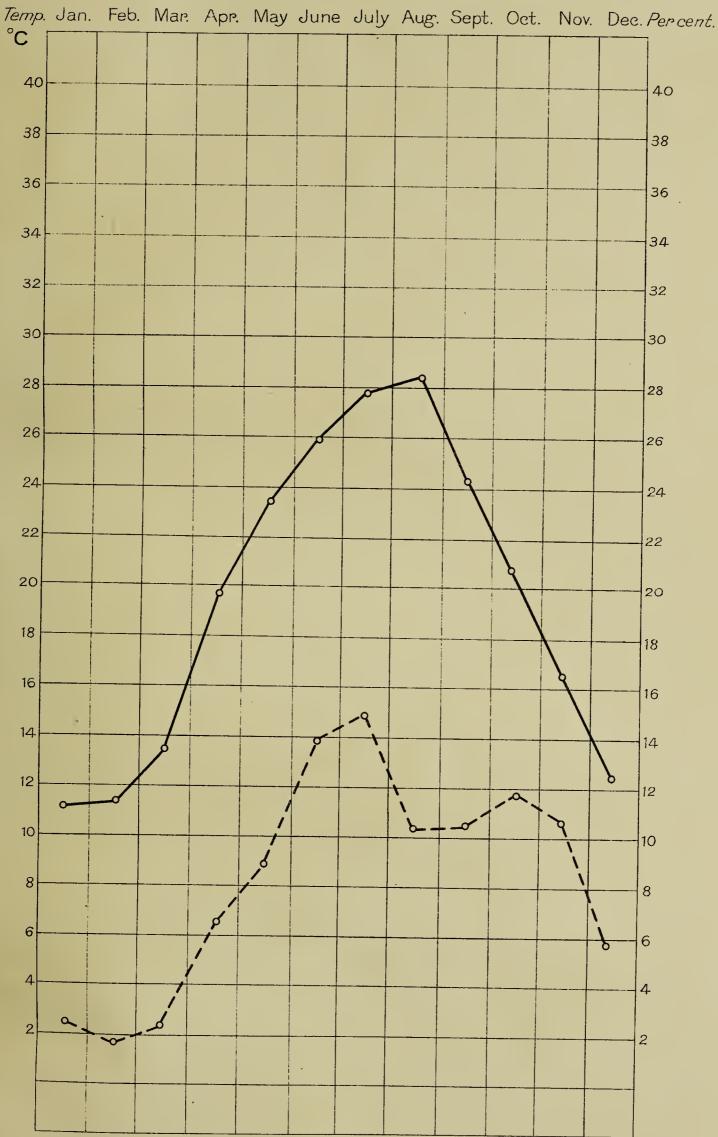
TEMPERATURE AND NUMBER OF NEW PATIENTS TREATED



a._____ Average temperature in degrees centigrade.
b.____ New patients treated per month.
S.ofE.22/356

A 15

TEMPERATURE AND POSITIVE EXAMINATION



a. _____ Average temperature in degrees centigrade.
b. ____ Percentage monthly of positive examinations on total of all micro-organisms found S. of E. 22/356 during the year.

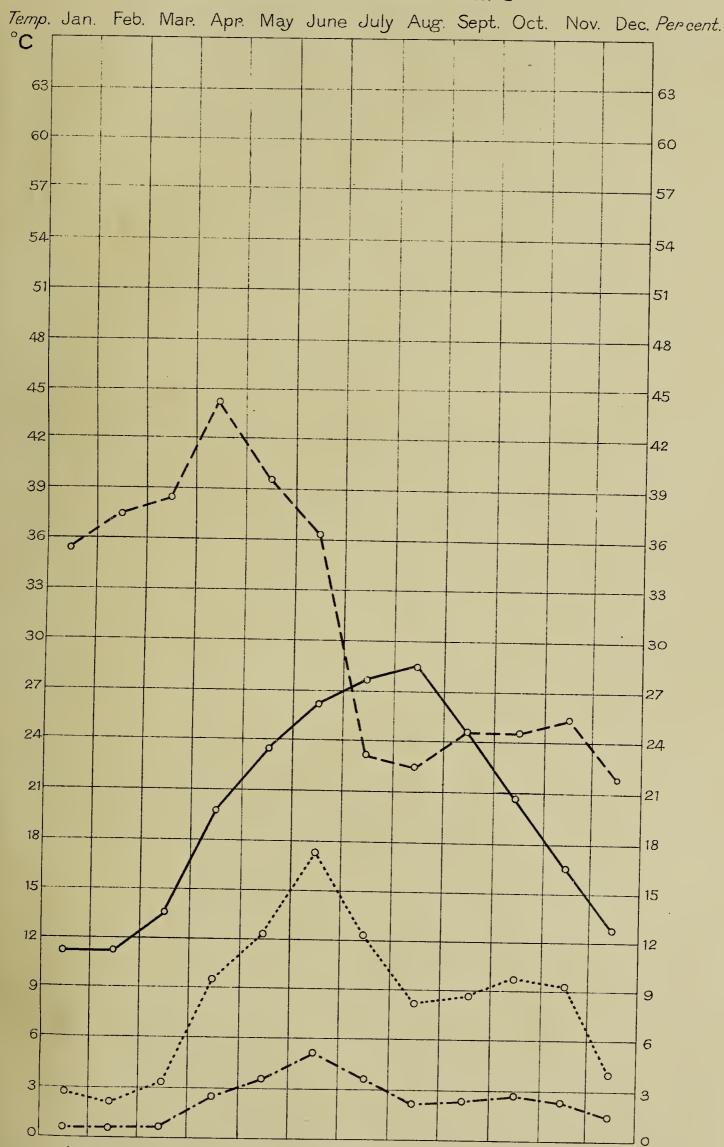
TEMPERATURE AND GONOCOCCUS *Тетр.*°С 66_Г Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Percent. ..0.

Temperature in degrees centigrade. Percentage of Gonococcal findings on monthly total of all micro-organisms found during the year. Monthly percentage of Gonococcal findings on total of all micro-organisms found during the year. Monthly percentage of Gonococcal findings on total of Gonococcal findings during the year.

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TEMPERATURE AND KOCH-WEEKS



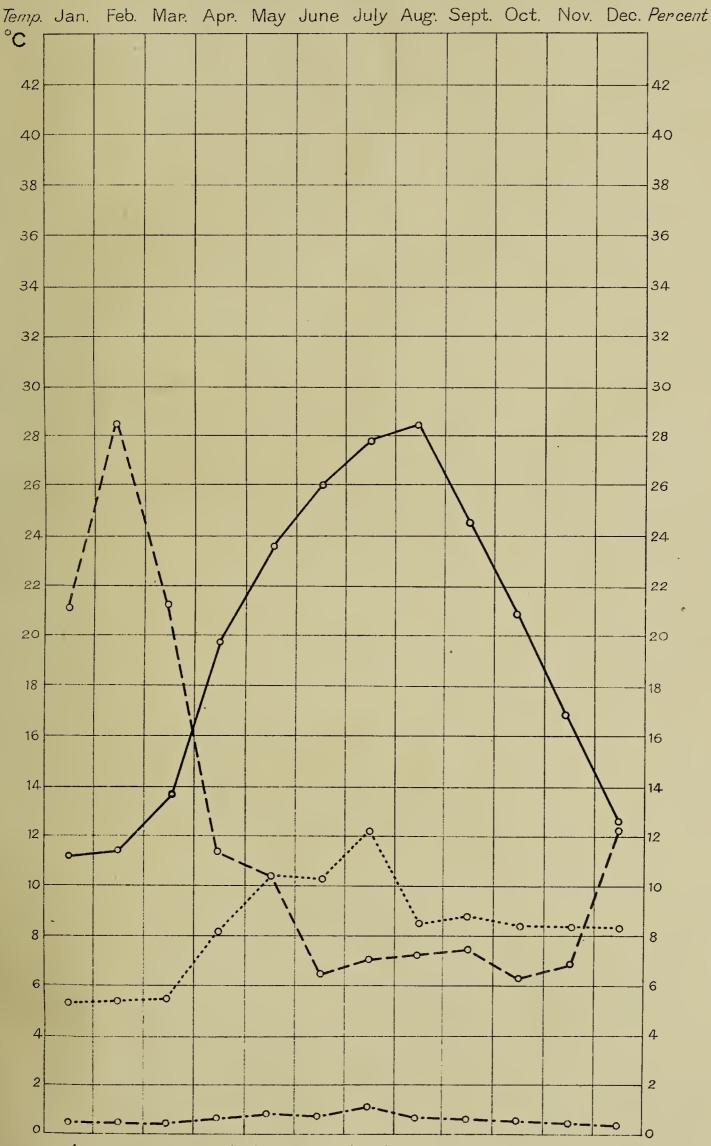
Average temperature in degrees centigrade.

Percentage of Koch-Weeks bacillus findings on monthly totals of micro-organisms.

Percentage of Koch-Weeks bacillus findings on total of all micro-organisms found during the year.

Monthly percentage of Koch-Weeks bacillus on total of Koch-Weeks bacillus findings during the year.

TEMPERATURE AND MORAX-AXENFELD



Average temperature in degrees centigrade.

Percentage of Morax-Axenfeld bacillus on monthly totals of micro-organisms found.

Percentage of Morax-Axenfeld bacillus on total of all micro-organisms found during the year.

Monthly percentage of Morax-Axenfeld bacillus on total of Morax-Axenfeld bacillus

findings during the year.

TABLE XV.—BLINDNESS AMONG OUT-PATIENTS SINCE 1909.

	TOTAL NUMBER	ONE Ex	ZE.	Вотн Е	YES.	ONE EYE AND I	BOTH EYES.
Y E A R.	OF PATIENTS EXAMINED.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921	$\begin{array}{c} 22,373 \\ 25,506 \\ 31,274 \\ 43,668 \\ 62,233 \\ 75,398 \\ 71,930 \\ 94,447 \\ 100,410 \\ 90,668 \\ 83,577 \\ 108,113 \\ 127,223 \\ \hline \\ 936,820 \\ \end{array}$	2,116 $2,438$ $3,196$ $4,115$ $5,360$ $6,425$ $5,637$ $7,042$ $9,385$ $8,969$ $8,537$ 9.833 $10,566$ $83,619$	9·4 9·5 10·2 9·4 8·6 8·5 7·8 7·4 9·3 9·0 10·2 9·1 8·9	1,385 $2,010$ $2,811$ $2,824$ $3,878$ $3,591$ $2,992$ $3,504$ $4,611$ $4,261$ $4,278$ $5,154$ $5,053$ $46,352$	6·1 7·8 8·9 6·4 6·2 4·7 4·2 3·7 4·6 4·7 5·1 4·7 3·9	3,501 4,448 6,007 6,939 9,238 10,016 8,629 10,546 13,996 13,230 12,815 14,987 15,619	15.6 17.4 19.2 15.8 14.8 13.2 12.0 11.2 13.9 14.6 15.3 13.8 12.2

TABLE XVI.—TOTAL PERCENTAGE OF BLINDNESS IN ONE OR BOTH EYES.

			1919	1920	1921
5·3 11·7 16·6 13·2 9·3 11·8 11·8 14·3 20·7 11·06 — — —	9·2 18·4 13·2 16·0 15·0 13·5 10·2 14·03 30·7 13·0 — — — — —	8·8 20·2 13·9 16·9 15·9 12·3 14·7 20·6 18·2 — — 12·3	12.05 20.7 18.2 18.9 19.6 * 10.8 8.2 13.9 20.6 17.7 — — — — —	7·82 19·05 17·70 16·40 17·76 9·2 6·3 16·3 19·8 12·36 9·6 10·7	9·78 16·5 19·3 17·07 11·1 9·77 9·09 16·16 19·85 11·1 7·4 9·7 14·6 6·13 9·2
8.3	12.6	10.1	11.4	10.93	10.88
10.00	13.4	14.2	15.6	13.84	12.63
12.7	11.9	_		_	
	20.5	18.3		_	_
_	10.1	15.0	_	_	
		12.8	22.7		_
	_	· <u> </u>	_		
	_	_		16.86	14·35
10.2		11.1	8.4	14.73	13.09
		_			_
		15.6		_	
		15.0	10 =	17.05	
_	_	19,0	10.9		_
_	_	_	_	9.42	4.1
_		_	_	_	20.56
	8.0	14.7			6.46
	6.4	12.3		14.22	
6.1	8.2	_	_		7.4.0
4'1	9.6	_	$\frac{-}{17\cdot9}$	15-21	14.6 9.8
_			10.5		_
		2 0	1.50		
7.9	_	8.5		18.20	8.95
	$\frac{-}{10.6}$	_	_	_	11.1
7.1		7.2	13.9	10.00	_
_	$\begin{bmatrix} 22.3 \\ 10.7 \end{bmatrix}$	14.5		16.56 15.58	$\frac{-}{12 \cdot 32}$
	11:7 16:6 13:2 9:3 11:8 11:8 11:8 14:3 20:7 11:06	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

^{*} Increased owing to E.L.C. patients.

TABLE XVII.—PATHOLOGICAL REPORT.

Tissues hardened, sections cut and examined microscopically at the Ophthalmic Laboratory during 1921.

			Brought forward 121
Lids:—			Orbit:—
Inflammation	•	2	Tumours:— Malignant 1
Benign, including cysts Malignant		16 15	LACRIMAL SAC:—
Conjunctiva:—			Tumour
Inflammation Degeneration		$\begin{vmatrix} 8 \\ 14 \end{vmatrix}$	LACRIMAL CANALICULUS:—
Tumours:—		10	Tumour 1
Benign, including cysts Malignant		$\begin{bmatrix} 10 \\ 2 \end{bmatrix}$	GLAUCOMA:—
Limbus:—			Primary 2
Tumours ;—			Secondary:—
Benign, including cysts		2	Anterior synechia or adherent leu- coma 145
Malignant	•••	4	Luxation of lens 1 Inflammation (irido-cyclitis etc.) 7
Cornea:—			Panophthalmitis:—
, ,	••	1	Exogenous 2
Tumours :— Benign		1	
			Sympathetic Ophthalmia 2
Sclerotic:—		0	Phthisis Bulbi:—
Wounds		2	Cause undetermined 1 Inflammation 28
Benign, including cysts		1	Unclassified 2
Iris and Ciliary Body:—			Undetermined 21
Wounds Inflammation		$\begin{bmatrix} 6 \\ 28 \end{bmatrix}$	Examination of Cells:—
			Eosinophilia:—
Lens: — Cataract		1	Positive 5
		1	Negative 18 Undetermined 3
CHOROID:—		1	OTHER ANIMALS:—
Inflammation Degeneration including ossification	•••	1 1	(Horses, mules, and donkeys).
Retina:-			Diseased
Tumours:—			
Malignant		2	
Carried forward		121	GRAND TOTAL 409

TABLE XVIII.—WASSERMANN TESTS.

Positive	•••	• • •	•••	•••	•••	•••	•••	•••	•••	25
Doubtful										
Negative	•••	•••	•••	•••	•••	•••	•••	•••	•••	32
Unfit	,,,	,,,	,	•••	• • •	•••	•••	•••	•••	8

TOTAL ... 7

TABLE XIX.—WORK DONE AT ALL OPHTHALMIC HOSPITALS DURING 1921.

I.—	-In-patients:— Total number	4,513
	(Number of available beds 276).	·
Ţ	OPERATIONS:—	86,11
	(1) Major:—	
	(a) Senile cataract	
	(c) Trichiasis or entropion 28,939	
	(d) Other operations	
	Total 36,559	
	(2) Minor	
-	-Out-patients:	65,37
	(1) Incurable *	4,76
	(2) Postponed	9,25 $113,20$
	(4) Old cases	1,194,85
	(5) Visits made by patients to hospital for treatment (equal 1+2+3+4) (6) Average number of visits made to hospital by each patient under regular	1,322,07
	treatment (old cases + tickets issued) ÷ tickets issued. The factor of incurable cases is neglected	11.
	(7) Discharges:—	•
	(a) Cured	14,10
	(b) Relieved	$\begin{matrix}3,27\\1,95\end{matrix}$
	(d) Spontaneously ceased to attend after having attended only once (e) Spontaneously ceased to attend after having attended more than once	$24,96 \\ 66,97$
	(8) Trichiasis cases seen among new patients:—	,
	(a) No previous operation having been performed	22,04
	(b) Previous operation performed :— (i) Successfully	9 70
	(ii) Unsuccessfully (not at an ophthalmic hospital, but probably by	3,79
	some charlatan)	2,40
	(10) General anæsthetics	4,10
	(11) Constant wash cases (number of days treatment)	207,81
	(12) Ages of patients examined:— Under 1 year	7,00
	From 1 to 5 years	14, 22
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	13,10 $11,43$
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	8,65 $9,10$
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	10,70 $9,13$
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	7,99
	$"$ 46 $"$ 50 $"$ \cdots	5,43 $5,00$
	$\begin{bmatrix} & 51 & 55 & \dots & $	2,83 $3,35$
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\frac{2,07}{1,60}$
	Over 70 years "	1,53
	Total	113,20
	(13) Origin of patients:—	
	Patients from:—	
	(a) Town in which hospital is situated (b) Markaz in which hospital is situated	44,89 41,22
	(c) Other Markazes	27,08
	Total	113,20

^{*} Incurable cases do not receive tickets, but are recognized as soon as seen by the surgeon as both incurable and devoid of surgical interest.

[†] Incurable cases include those which are recognized as soon as seen by the surgeon as incurable but are given tickets for statistical or other purposes.

TABLE XX.—LIST OF DISEASES.

357300	n and .																
MET.	ROPIA:—																4.
	Hypermetropia		•••	• • •	•••	•••	•••	•••	• • •	•••	• • •	• • •	•••	•••	•••	• • •	41
	Myopia		• • •	•••	• • •	•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	64
	Astigmatism	• •••	•••	• • •	• • •	•••	•••	•••	• • •	•••	• • •	• • •	•••	•••	•••	•••	42
	Presbyopia	• •••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••	18
ONJI	UNCTIVA :—																
	Conjunctivitis,	gonog	eocca	1	• • •												7,87
		Mora				•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	1,2
	**	Koch-				•••	• • •	•••	• • •	• • •	•••	•••	•••	• • •	•••	•••	4,08
	,,				•••	• • •	• • •	• • •	•••	• • •	• • •	• • •	• • •	•••	•••	• • •	200
	**	pneur			•••	•••	•••	• • •	• • •	•••	•••	•••	• • •	•••	•••	•••	
	Other organism Trachoma I		_		•••	•••	•••	• • •	•••	• • •	• • •	•••	•••	• • •	•••	• • •	$\frac{2,5}{c}$
			• • •	• • •	•••	•••	• • •	•••	•••	• • •	• • •	• • •	•••	•••	•••	•••	6,9
	"	(a)	• • •	•••	•••	•••	•••	•••	• • •	•••	• • •	• • •	•••	•••	•••	•••	10,5
	• • • • • • • • • • • • • • • • • • • •	$(b')\dots$	•••	• • •	•••	•••	• • •	•••	•••	• • •	•••	• • •	•••	•••	•••	•••	1,3
		(b'')	• • •	• • •	•••	•••	•••	• • •	• • •	•••	•••	•••	•••	•••	•••	•••	
		(c)	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••	2
		inclu	ding	post-	trac	homa	itous	dege	enera	ition	•••	• • •	• • •	•••	•••	•••	71,2
	,, IV	•••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••	• • •	• • •	•••	•••	4,6
	Phlyctenule		• • •	•••	•••	• • •	• • •	• • •	•••	• • •	• • •	•••	•••	•••	•••	•••	3,9
	Pterygium		• • •	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	1,5
	Pinguecula		•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••		1
	Xerosis		•••	• • •	•••	•••	• • •	• • •	• • •	•••	•••	• • •	• • •	•••	• • •		2
	Symblepharon	• • •	• • •	•••	•••	• • •	• • •		• • •	• • •	• • •	• • •	•••	•••	•••	•••	1
	Dermoid			•••	• • •		•••	•••	• • •	• • •		• • •		•••	• • •	•••	
	Other conditio	ne															
	Argyrosis										,						
				•••	••,	•••	•••	•••	• • •	•••	٠	•••	• • •	•••	•••	•••	
	Colloid de	_			•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	
	Hypertrop					•••	•••	•••	•••	•••	•••	• • •	•••	•••	• • •	•••	
	Injuries (foreig				•		• • •	•••	•••	•••	•••	•••	• • •	•••	•••	•••	
*.	Cyst	• •••	• • •	•••	•••	•••	• • •	• • •	•••	•••	•••	•••	•••	•••	• • •	•••	
YEL	ids :—															,	
	Pediculus cilia	aris	• • •	•••	• • •	• • •	•••	•••	•••	• • •		•••	•••	•••	• • •		2.
	Trichiasis and	entro	pion	• • •	• • •	• • •	•••	•••	• • •	•••	• • •	•••	• • •	•••	•••		26,1
	704 4 1 4 4	•••	• • • •	•••		• • •	• • •	•••	•••	•••	•••		•••	•••	• • •		1
	Test (•	••	• • •	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••			3
	Lagophthalmo		• • •	•••	•••	•••	•••	•••	• • •	•••	•••	• • •	•••	•••	•••		7
	Blepharitis		• • •	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••		12,1
	Hordeolum		• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	6
	Wart					•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		1
	01.1.		•••	•••	• • •											•••	6
	13	• • • •	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	1
	Rodent ulcer		•••	•••	• • •	•••	• • •	•••	• • •	•••	•••	•••	•••	• • •	•••	•••	1
	70 13		•••	•••	•••	•••	• • •	•••	••	• • •	• • •	•••	•••	• • •	•••	•••	
	Dermoid		•••	• • •	•••	• • •	• • •	•••	•••	•••	• • •	•••	•••	• • •	•••	•••	
	Ptosis	• •••	•••	•••	• • •	•••	• • •	•••	•••	• • •	•••	• • •	•••	•••	• • •	•••	1
	Erysipelas	••••	•••	•••	•••	• • •	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	
	Herpes		• • •	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	
	Chancre		•••	•••	• • •	• • •	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	
	Epithelioma		•••	•••	•••	• • •	• • •	• • •	• • •	•••	•••	•••	•••	•••	• • •	•••	
	Other tumours		•••	•••	• • •	• • •	• • •	• •	•••	•••	•••	•••	•••	•••	•••	•••	
	Leucodermia		<i>f.</i> .	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	• • •	•••	•••	
	Abscess of lid	ls	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	
ACB	RIMAL APPARATU	Js:—															
	Lacrimal fistu				•••												
	Stenosis of the					•••	•••	•••	•••	•••	•••	• • •	•••	•••	• • •	•••	
	Dacryocystitis				•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	
	- DEICTVOCVSIIIIS	. acut	C	• • •		• • •	• • •	• • •	• • •	• • •	• • •	• • •	• • •	• • •		•••	4
	Date: y ooy serens	chro															(

Table XX.—List of Diseases (continued).

Commen															
Cornea: Ulceration, simple															5,744
	• • •	• • •	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••		369
,, hypopyon perforatio		•••	•••	•••	• • •	•••	•••	•••	•••	• • •	•••		•••		1,965
anagial for		•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••	• • •		93
,, special for		•••	•••	• • •	•••	•••	•••	•••	•••	• • •	•••	•••	•••	• • •	16,418
	• • •	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••				17
Keratitis, interstitial		•••	•••	•••	• • •	•••	•••	• • •	•••	•••	•••	•••	•••		159
,, trachomatou		•••	• • •	•••	•••	•••	• • •	• • •	•••	•••	• • •	•••	•••	•••	41,995
		•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	5,492
Adherent leucoma	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	• • •	• • •	• • •	•••	5,633
Totally opaque cornea		•••	•••	•••	•••	• • •	•••	•••	•••	• • •	•••	•••	• • •	•••	1,648
Staphyloma		•••	•••	• • •	•••	•••	•••	• • •	•••	• • •	•••	•••	•••	• • •	348
Xerosis of cornea	•••	• • •	•••	• • •	• • •	•••	•••	•••	•••	• • •	•••	•••	• • •	•••	49
Abscess of cornea	•••	• • •	• • •	•••	•••	•••	• • •	• • •	•••	•••	•••	•••	• * •	• • •	541
Conical cornea	. 1	 3:	•••	```	•••	•••	•••	• • •	• • •	• • •	•••	•••	• • •	• • •	293
Injuries (burn, foreign					•••	•••	• • •	•••	• • •	•••	• • •	• • •	• • •	• • •	1
Granuloma of cornea	• • •	• • •	• • •	• • •	• • •	•••	•••	•••	• • •	• • •	• • •	•••	• • •	•••	-
Limbus:—															
Tumours	• • •		• • •	• • •	• • •	•••	• • •	• • •	•••	• • •	• • •	• • •	• • •	• • •	19
т															Ť
IRIS:—															369
Anterior synechia	• • •	• • •	• • •	• • •	•••	•••	• • •	•••	• • •	• • •	•••	• • •	• • •	•••	511
Posterior ,,	• • •	•••	•••	• • •	• • •	• • •	•••	•••	• • •	•••	• • •	•••	• • •	•••	351
Inflammation	• • •	•••	• • •	•••	• • • •	• • •	•••	•••	•••	•••	• • •	• • •	• • •	• • •	28
Iris bombé	•••	•••	•••	• • •	•••	• • •	•••	•••	• • •	• • •	• • •	• • •	• • •	• • •	49
Irido-dialysis			•••	• • •	•••	• • •	• • •	• • •	•••	•••	• • •	• • •	•••	•••	18
Congenital coloboma		•••	•••	• • •	•••	•••	•••	• • • • •	• 1 •	•••	•••	• • •	• • •	•••	3
Aniridia				•••	•••	•••	• • •	• • •	•••	•••	• • •	•••	• • •	•••	5
Persistent pupillary r			e	• • •	•••	•••	• • •	•••	•••	* * *	• • •	• • •	•••	•••	89
Iridodonisis	•••	•••	• • •	•••	•••	•••	• • •	•••	• • •	• • •	• • •	•••	• • •	• • •	23
Various	•••	• • •	•••	• • •	•••	• • •	•••	• • •	•••	•••	• • •	* * *	• • •	• • •	20
Sclerotic:—															
Ciliary staphyloma	• • •		• • •	• • •	• • •	•••	• • •	•••	• • •	•••	•••	• •	• • •		397
Episcleritis		•••	•••	•••	•••	• • •	• • •	•••	•••	• • •	•••	•••	• • •	• • •	5
Injuries	•••	• • •	• • •	• • •	•••	• • •	•••	•••	•••	• • •	•••	• • •	• • •	• • •	39
Choroid:—															
(1.1.1															4
•	• • •	•••	•••	• • •	•••	•••	• • •	•••	•••	• • •		• • •	•••	•••	3
Rupture Disseminated choroid		• • •	-		•••	•••	•••	•••	•••	•••	• • •	• • •	•••	• • •	24
Choroido-retinitis		•••	•••	• • •	•••	•••	•••	•••	• • •	* • •	•••	•••	•••	•••	17
	•••	• • •	•••	• • •	•••	•••	•••	• • •	•••	•••	•••	• • •	•••	•••	52
Atrophy of choroid Tumours	•••	•••	•••	• • •	•••	• • •	•••	•••	• • •	•••	•••	•••	•••	•••	1
4.11.4.4	•••	•••	•••	• • •	•••	•••	•••	••	•••	***	•••	•••	•••	•••	3
	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	
RETINA:—															
Retinitis, albuminuri	c an	d di	abeti	ic	•••	•••	•••	• • •	•••	• • •	•••	• • •	• • •	•••	9
" syphilitic	• • •	•••	•••	•••	•••	• • •	•••	•••	• • •	•••	•••	•••	•••	•••	7
, pigmentosa		•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	34
Detachment of retina					•••		•••	•••	• • •	•••	•••	•••	•••	•••	70
Embolism and throm	bosis	s of	retin	nal ve	essels	5	•••	•••	•••	•••	• • •	•••	•••	•••	
_	•••	•••	•••	• • •	• • •	•••	•••	•••	•••	•••	•••	•••	• • •	•••	1
Other conditions		• • •	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	16
Night blindness (in w	vhich	ret	ina 1	pigm	entos	sa is	abse	nt)	•••	•••	•••	•••	•••	•••	19
OPTIC NERVE:-															
Neuritis		•••			• • •		•••	•••	•••	•••	•••		•••		17
Atrophy		•••	•••	•••	•••		•••	•••	• • •	•••	•••	• • •	•••	•••	173
Opaque nerve fibres	•••	•••	•••		•••	•••	•	•••			• • •	•••		•••	8
Other conditions					• • •	•••			•••	•••		•••	• • •	•••	2
															A .

TABLE XX.—LIST OF DISEASES (continued).

ens:—									٠								
	:1.																1 029
Cataract			• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	1,932 167
"	soft traumat	•	• • •	•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	67
**	lamella		•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	***	4
**	anterior			• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		517
"	posterio	_	.,	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••		28
"	dislocat		ram			•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		68
"	"			ative		•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		13
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Ectopia	lentis	•••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••		•
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Nystagi		•••	•••	• • •	•••	•••	•••	• • •	•••	• • •	•••	• • •	•••	•••	•••	•••	1
Danalrea	• ~													• • •	• • •	• • • •	
Paralys	is	•••	•••	•••	•••	•••	•••	•••	•••	•••	***						
Paralys Glaucoma:—		•••	•••	•••	•••	•••	•••	•••	•••	•••	•••						
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GLAUCOMA:— Primar	y, acute sub-acı					abso				 ı cau	sed l	y ac	ute,	sub-a	ıcute	·, (7
Glaucoma :— Primar	y, acute sub-acu										sed l	y ac	ute,: 	sub-a	ıcut∈ 	., (2,11
GLAUCOMA:— Primar ,, Seconda	y, acute sub-acu										sed l	y ac	ute,	sub-a			2,11
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Primary Seconds GLOBE:— Shrunk Buphth Exopht Panoph Microp Anopht Injury	y, acute sub-acute chronic ary chalmic go thalmitis hthalmos	 	···	•••	or cl				 								2,11 3,04 4,39
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Primary Seconds GLOBE:— Shrunk Buphth Exopht Panoph Microp Anopht Injury ORBIT:— Tumou Celluli Tenoni Periost Injuric Cyst, f	y, acute sub-acu chronic ary cen globe nalmos chalmic go nthalmitis hthalmos thalmos this tis tis tis trontal				or cl		e gla										2,11 3,04 4,3
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^{*}Patients are accounted blind who cannot count fingers at one metre.

TABLE XXI.—LIST OF OPERATIONS.

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	Anagnosta		alria.	•••	•••	• • •	• • •	•••	• • •	•••	• • •	•••	• • •	• • •	•••		683
	Snellen-A Canthopla			•••	•••	•••	• • •	•••	• • •	• • •	•••	•••	• • •	• • •			370
	Grafting	nincons	meni	 brane	•••	•••	•••	•••	•••	•••	•••	•••	• • •	• • •	•••		4,429
	Electroly			•••	•••	•••	•••	•••	•••	• • •	• • •	•••	• • •	• • •	• • •		1,178
	Excision		•••	• • •	•••	• • •	• • •	•••	• • •	•••	• • •	•••	•••	• • •	•••	•••	184
	Other ope	erations	• • •	•••		• • •	• • •	•••	• • •	•••	•••	•••	• • •	•••	• • •	•••	274
For	· Ectropioi															1	12
	Plastic	-2	• • •	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	• • •	***	11
	MacCalla Kenneth		• •••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••	• • •	•••		
	Kuhnt's	Scott s			• • •		•••		•••	•••			•••	•••	•••		4
	Other ope		• •••	•••	•••	•••	•••	•••	• • •	• • •	•••	•••	•••	•••	•••		29
For	ptosis				• • •	• • •	•••	•••	•••	• • •	• • •	•••	• • •	• • •	•••		7
For	r Symblepl	haron				•••	• • •	• • •	•••	• • •	•••	•••	• • •	• • •	• • •	•••	61
For	r Hord e olu	ım and C	Chalaz	zion	• • •	•••	•••	•••	•••	• • •	• • •	• • •	• • •	• • •	• • •	•••	$\begin{array}{c} 1,000 \\ 94 \end{array}$
	${ m st}$ removed			•••	• • •	•••	• • •	•••	• • •	•••	• • •	• • •	• • •	•••	•••	•••	49
	rt excised			• • •	• • •	• • •	• • •	•••	• • •	• • •	• • •	• • •	•••	•••	•••		$\frac{43}{42}$
	stitching w			•••	•••	•••	• • •	•••	• • •	•••	• • •	•••		•••	•••		404
_	ening absce	esses	• •••	•••	•••	•••	•••	•••	•••	•••	•••	•••			•••		
	CTIVA:																
1,01	r Trachoms Expression													•••			9,758
	Scraping			•••	•••	• • •	•••	. • • • •	•••		•••	•••	•••	•••			2,486
	Combine	d excisio	on of				•••	•••	•••	•••	•••	•••	•••	•••	•••		559
	Post-trac	homatou					•••	•••	•••	•••	•••	•••	•••	• • •	• • •	•••	13,493
Otl	her operati	ons			•••	•••	• • •	• • •	•••	•••	•••	•••	• • •	• • •	•••	•••	$\begin{array}{c} 59 \\ 847 \end{array}$
-Pte	erygium	•••		•••		•••	• • •	• • •	•••	•••	• • •	•••	•••	•••	•••	•••	041
CORNEA																	007
Fo	reign body	remove	d	•••	•••	• • •	•••	•••	• • •	• • •	• • •	•••	•••	•••	• • •	•••	$\begin{array}{c} 267 \\ 66 \end{array}$
	emisch's se				• • •	•••	• • •	•••	• • •	•••	•••	•••	•••	• • •	•••	•••	55
	utery				• • •	•••	• • •	• • •	• • •	•••	•••	• • •	•••	•••	• • •	•••	5
	ttooing	• • • • • •	••	• •••	•••	•••	•••	•••	•••	• • •	• • •	•••	•••	•••	•••	•••	
RIS :	_ .1≀ C.		on t 10														2,331
In	dectomy for	isual	ent re	ucom	a	•••	• • •	•••	•••	•••	•••	•••		•••	•••		357
	., t	or glauce					• • •			•••	• • •	•••	•••		• •		337
	,, IC	relimina	rv fo	r cata	ract	•••	•••	•••	•••						• • •	•••	36
Cv	stoid cicat	rix		•••		•••	•••			• • •	•••	• • •	• • •	• • •	• • •	•••	1
	vision of a					• • •	•••		•••	•••	• • •	• • •	•••		•••	•••	33
Va	irious				•••	•••	•••	•••	•••	• • •	• • •	•••	• • •	• • •	• • •	• • •	43
LACRIM	IAL SAC:-	-															107
	cision	•••			• • •	• • •	• • •	•••	• • •	•••	• • •	•••	***	•••	•••	• • •	107
Va	irious	•••		. ,	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	• • •	• • •	123
LENS :-																	
Fo	r Senile C	ataract:	,	1													497
	Extraction,	on with	nrow	gtomy													1 101
	"	arter	prev	A110 11	idaa	tomy	•••	•••		•••	•••	•••	•••	***	•••	•••	24
Fo	n mamarai	ne after	extra	ious 11 ction	ridec : D	tomy iscis	sion	•••		•••	•••	•••	•••	•••		•••	24 317
		ne after	extra	ction	ridec : D	tomy	sion	•••	•••	• • •	•••	•••	•••	•••	•••	•••	
	or Soft Cat	ne after aract :—	extra -	ction	: D)iscis:	sion	•••	•••	• • •	•••	•••	•••	•••	•••	•••	317
	or Soft Cat Extracti	ne after aract :— on	extra - 	etion	ridec : D 	etomy Disciss	sion	•••	•••	• • •	•••	•••	•••	•••	•••	•••	317 8 52
	or Soft Cat	ne after aract :— on	extra - :	etion	: D	oiscis: 	sion	•••	•••	•••	•••	•••	•••	•••	• • • •	•••	8 52 171
	or Soft Cat Extracti Discissio	ne after aract :— on evacuati	extra - :	ction	: D	oiscis:	sion	•••	•••	•••	•••	•••	•••	•••		•••	317 8 52
Fo	or Soft Cat Extracti Discissio Curette	ne after aract:— on on evacuati tesis .	extra - on	ction	: D		sion	•••	•••	•••	•••	•••	•••	•••	• • •	•••	8 52 171 8
Fo	or Soft Cat Extracti Discission Curette Paracent or membrat Discission	ne after aract:— on on evacuati tesis ne after	extra on evact	ction	: D		sion	•••	•••	•••	•••	•••	•••	•••	• • •	•••	8 52 171 8 66
Fo.	or Soft Cat Extracti Discission Curette Paracent or membrat Discission Capsulot	ne after aract:— on on evacuati tesis ne after	extra on evact	ction	: D		sion	•••	•••	•••	•••	•••	•••	•••	• • •	•••	317 8 52 171 8
Fo.	or Soft Cat Extracti Discission Curette Paracen or membra Discission Capsulot	ne after aract:—on evacuatitesis tomy	extra	etion	: D	 	sion		•••	•••	•••	•••	•••	•••	•••	•••	317 8 52 171 8 66 19
Fo.	or Soft Cat Extracti Discission Curette Paracen or membrat Discission Capsulot : Trephini	ne after aract:— on on evacuati tesis . ne after on tomy	extra on evacu	etion	: D	olisciss	sion	 				•••			•••	•••	8 52 171 8 66 19 492
Fo.	or Soft Cat Extracti Discission Curette Paraceur or membrat Discission Capsulot E:— Trephini	ne after aract:— on on evacuati tesis ne after on tomy ing of co	extra	etion	: D :::::::::::::::::::::::::::::::::::	di irid	sion	 							•••	•••	317 8 52 171 8 66 19 492 11
Fo.	or Soft Cat Extracti Discission Curette Paracen or membra Discission Capsulot E:— Trephini Excision	ne after aract:— on on evacuati tesis ne after on tomy ing of co	extra on evacu	etion aation	: D	olisciss	sion	 omy							•••	•••	8 52 171 8 66 19 492
Fo.	or Soft Cat Extracti Discission Curette Paracen or membra Discission Capsulot Trephini Excision Eviscera	ne after aract:— on on evacuati tesis ne after on tomy ing of co ing n ntion	extra on evacu	etion aation	: D	olisciss	sion	 						•••	•••		317 8 52 171 8 66 19 492 11 395
Fo GLOBE	or Soft Cat Extracti Discission Curette Paraceur or membrat Discission Capsulot E:— Trephini Excision Eviscera Paraceu	ne after aract:— on on evacuati tesis ne after on tomy ing of co ing n ntion	extra on evacu	etion aation	: D	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183
Fo GLOBE ORBIT	or Soft Cat Extracti Discission Curette Paracen or membra Discission Capsulot Trephini Excision Eviscera Paracen :—	ne after aract:— on evacuati tesis ne after on tomy ing of co ing ation tesis .	extra on evacu	etion aation	: D	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38
Fo GLOBE ORBIT E	or Soft Cat Extracti Discission Curette Paraceur or membrat Discission Capsulot E:— Trephini Excision Eviscera Paraceu	ne after aract:— on on evacuati tesis . ne after on tomy . ing of co ing ation tesis .	extra on evacu	etion aation	: D	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38 38
Fo GLOBE ORBIT E	or Soft Cat Extracti Discission Curette Paracen or membra Discission Capsulot Trephini Excision Eviscera Paracen :— xenteration or Tumour	ne after aract:— on on evacuati tesis . ne after on tomy . ing of co ing tion tesis .	extra	etion aation	: D	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38 7 14
Fo GLOBE ORBIT E Fo	or Soft Cat Extracti Discission Curette Paracen or membra Discission Capsulot Trephini Excision Eviscera Paracen :— xenteration or Tunnour Dermoid	ne after aract:—on	extra on evacu	etion aation	: D	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38 38
Fo GLOBE ORBIT E Fo	or Soft Cate Extraction Discission Curette Paracentor membrate Discission Capsulote Trephini Excision Eviscera Paracenteration Tunnour, Dermoid, Celluliti, Cyst, free	ne after aract:— on on evacuati tesis ne after on tomy ing of co ing ition tesis ontal is ontal	extra	etion aation	: D	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38 7 14
For GLOBE	or Soft Cate Extraction Discission Curette Paracentor membrate Discission Capsulot Trephini Excision Eviscera Paracentor Tunnour, Dermoid, Celluliti, Cyst, free, "et]	ne after aract:— on on evacuati tesis ne after on tomy ing of co ing ation tesis d ontal hunoidal	extra	ction	: D	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38 7 14 14 14 —
FOR GLOBE	or Soft Cate Extraction Discission Curette Paracentor membrate Discission Capsulot Trephining Excision Eviscera Paracenteration or Tunnour, Dermoid, Celluliti, Cyst, from the contoning and the	ne after aract:—on	extra	etion	a wit	olisciss	sion	 omy						•••	•••		$\begin{array}{c c} 317 \\ 8 \\ 52 \\ 171 \\ 8 \\ 66 \\ 19 \\ 492 \\ 11 \\ 395 \\ 183 \\ 38 \\ 38 \\ 7 \\ 14 \\ 14 \\ - \\ 2 \end{array}$
FOR GLOBE	or Soft Cate Extraction Discission Curette Paracentor membrate Discission Capsulote :— Trephini Excision Eviscera Paracenteration or Tumour, Dermoid, Celluliti, Cyst, free enotomy and ther major	ne after aract:— on on evacuati tesis ne after on tomy ing of co ing ntion tesis ntion tesis number of the co ing number of	extra	etion	a wit	olisciss	sion	 omy						•••	•••		$\begin{array}{c c} 317 \\ 8 \\ 52 \\ 171 \\ 8 \\ 66 \\ 19 \\ 492 \\ 11 \\ 395 \\ 183 \\ 38 \\ 38 \\ 7 \\ 14 \\ 14 \\ - \\ 2 \end{array}$
FOR GLOBE	or Soft Cate Extraction Discission Curette Paracentor membrate Discission Capsulot Trephining Excision Eviscera Paracenteration or Tunnour, Dermoid, Celluliti, Cyst, from the major rial with members of the memb	ne after aract:— on on evacuati tesis ne after on tomy ing of co ing ition tesis hunoidal hunoidal dadvan operation agnet (p	extra on evacu ornea- cenne oositiy	etion auation .sclera	a wit	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38 7 14
FOR GLOBE	or Soft Cate Extraction Discission Curette Paracentor membrate Discission Capsulote :— Trephini Excision Eviscera Paracenteration or Tumour, Dermoid, Celluliti, Cyst, free enotomy and ther major	ne after aract:—on evacuati tesis	extra	etion auation .sclera	a wit	olisciss	sion	 omy						•••	•••		317 8 52 171 8 66 19 492 11 395 183 38 3 7 14 14 14 — 2 76 —

TABLE XXII.—ACTUAL EXPENDITURE, CENTRAL ADMINISTRATION, 1920-1921.

CHAPTER.	Grant.	Expenditure.
	L.E ,	L.E.
Pensionable staff	7,135	4,910
Hors cadre staff	305	275
Allowances:—		
Ophthalmic allowance	216	108
Compensation allowance	48	48
Transport, transfer, and travelling allowances:—		
Inspection allowance	384	240
Consolidated allowance	58	36
Transfer allowance	40	10
Travelling allowance	300	162
Transport	600	414
Books and periodicals	30	30
Telephone	7	7 *
Telegrams	30	11
Petty expenses	20	1
Total	9,173	6,252 †

^{*} Excluding trunk line calls.

TABLE XXIII.—ACTUAL EXPENDITURE, GOVERNMENT OPHTHALMIC HOSPITALS, 1920-1921.

Chapter.	Grant.	Exp enditure.
	L.E.	L.E.
Pensionable staff	8,561 *	7,358
Hors cadre staff	6,816	6,268
Ophthalmic allowance	1,608 †	1,252
Transport and travelling allowances	1,538	1,720
Food	5,418	6,852
Forage	51	9
Water	265	204
Light	180	155
Sewage	54	157
Heating	‡	79Ô
Rent	100	66
Telegrams and telephones	118	108
Petty expenses	583	1,866
Stores:—		
General equipment		/ 3,411
Surgical equipment		180
Instruments	6,835 §	291
Drugs	0,000 \$	$\left\langle 1,205\right\rangle$
Dressings		328
Transport of stores		165
Books and periodicals	12	12
Тотац	32,139	32,397 ¶

^{*} To this L.E. 201 is granted by the Government for the salary of a medical officer for the Daqahlı̂ya Provincial Council Travelling Ophthalmic Hospital which is recovered from the said Council.

[†] This figure is very low owing to :—

(a) Two posts of divisional inspectors were vacant the whole year of 1920.

(b) One post of divisional inspector was filled only from October 1, 1920.

[†] To this L.E. 72 is granted by the Government for the Ophthalmic allowance of a M.O. for the Daqahliya Prova Council Travelling Ophthalmic Hospital which is recovered from the said Council.

[†] No special grant for the ophthalmic hospitals. The grant is for the various units of the whole Department.

[§] According to Central Stores letter dated August 6, 1918, No. 1276/29/20/5/12 maintenance of each permanent ophthalmic hospital is L.E. 475 per annum and L.E. 420 for each travelling ophthalmic hospital.

^{¶ (}a) Excluding repairs being omitted as the credit is at the disposal of the Public Works Ministry and no return is made.

⁽b) Excess is due to the high cost in moving No. 3 Travelling Ophthalmic Hospital to remote localities.

TABLE XXIV.—ACTUAL EXPENDITURE, GOVERNMENT OPHTHALMIC HOSPITALS (PER UNIT), 1920-1921.

Total.	L.E.	7,358*	6,268*		1,720	6,852	<u>.</u>	204	155	157	190	99	108		3,411	180	291	1,205	328	165	12	1,866	 †32,397
Cairo Schools	L.E.	1	11	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	11
bis2-tro4	L.E.	1	ಣ	j	12	1	1	1	1	1	1	1	ı		1	1	1	1	1	1	1	1	15
sirbuszəlA foodə2	L,E.	174	92	67	1	1	1	1	1	1	1	1	1		1	1	1	i	1	1	1	1	333
Вепћа,	L.E.	387	362	33	73	444	1	30	1	1	102	1			437	72	27	162	46	12	1	30	2,218
.ամչնո	L.E.	520	422	80	88	342	1	1	1	46	20	1	6		275	4	35	61	32	12	1	20	1,966
Minya.	L.E.	647	435	06	95	541	1	1	1	67	4	1	10		205	<u></u> 6	12	92	40	12		28	2,223
Sohâg.	L.E.	177	417	54	72	463	1	1	-	1	134	1			241	1	27	78	6	12	_	23	2,010
Shibîn el Kôm.	L.E.	409	446	42	93	462	1	1		1	93	1	<u> </u>		196	14	11	69	21	12	7	13	1,891
.Tâdusuıs.	L.E.	481	385	37	29	425	1	34	-	1	47	1	6		245	9	12	37	37	11	7	24	1,858
.zizezeZ	L.E.	505	433	70	74	458	1	14	1	6	103	1	11		180	9	10	69	28	12		14	1,994
Beni Suef.	L.E.	466	387	72	64	541	1	29	40	က	78	1	6		239	17	17	88	40	12	-	19	2,122
Mansûra.	L.E.	604	422	87	33	704	1	10	45	1	99	1	13		225	1	15	42	16	12	-	98	2,331
-dûyaA	L。因,	584	499	126	183	730	4	35	36	1	58	1	16		376	က	653	88	21	12		57	2,862
etneT	L.E.	829	449	153	88	474	1	48	97	1	22	ı	10		267	39	15	165	33	12	Н	28	2,659
.H.O.T ,& .o.N	L.E.	429	426	66	272	395	1	7	1		31	1	-		30	1	9	29	1	- 58		1,172	2,959
No. 2, S.O.H.	L.B.	497	665	147	199	567	, C	Ī	1	72	6	99	00		183	10	41	96	20	1	-1	41	2,606
.H.O.T ,t .o.M	L.E.	352	414	95	307	306	1	က	2	24	23	1			312	1	30	97	1	9	Н	361	2,339
CHAPTER.		Pensionable staff	:	Ophthalmic allowance	Transport and travelling allowance	Food	Forage	Water	Light	Sewage	Heating	Rent	σΩ CO	Stores:—	General Equipment	Surgical equipment	Instruments	Drugs	Dressings	Transport of stores	Books and periodicals	Petty expenses	TOTAL

; but excluding war bonuses which were charged against a special credit of M. of Finance. no account is kept by P.H.D. but by P.W.M. * Including 20 per cent permanent increase † Excluding upkeep of buildings, for which

TABLE XXV.-ACTUAL EXPENDITURE, PROVINCIAL COUNCIL OPHTHALMIC HOSPITALS, 1920-1921.

			GHARBÎYA.			AS	ASYÛT.	DAQA	D асангіта.
Ондрава			B ₂	Expenditure Per Unit.	it.			-	
	Grant.	Expenditure.	Mahalla el Kûbra.	Kafr el Zaîyât.	Santa.	Grant.	Expenditure.	Grant.	Expenditure.
	, L.E.	L.E.	L.B.	L.E.	L.E.	L.E.	L.E.	L.E.	L,E.
Employees Servants	810 456	728 518*	251 120	243	234 266	245	194 94	306	306
Transport and travelling allowance:						• (
	× ×	11 66	٠ <u>٠</u>		111	sliste	- o		₩ 6
undry			o 64	O 01	OT CO	pp o	36	1000	36 73
Water	130	137	1	1	137	u 's	1	130	119
Light and heating	40	- 58	<u>د</u> ا		-	\6rs0	9 61	1	-
:	1	ı	1		1	rib s		15	1
General furniture:—						əsuə			
Equipment	310	596	57	52	157	dèb	115	310 }	457†
Thrucks		72	66	19	42.	ioi	19	OTO .	72
Dressings	240	202 32		71	 9	022	23 83	$\left. \begin{array}{c} 150 \end{array} \right\}$	114 36
Stationery and periodicals	1	ı	İ	1	1	·E.	1	00	İ
Post and telegrams	ಣ	67	ભ	1	1	I			·
retty expenses	45	21	41	9	11		12	15	21
Total	2,052	2,047	539	545	696	559	494	1.290	1.421
)))))))))))))))))))	

* Excess due to charging salaries of the three Moawins of these hospitals against Provincial Council until October 31, 1920, although no provision was made for them in the hospital budget. † This figure is high due to replacing worn out tents by new ones.

TABLE XXVI.—Comparison of the Cost of Maintenance of a Permanent Ophthalmic Hospital in 1914 and 1921.

					1001	m
	Number.	1914. ————————————————————————————————————	TOTAL.	Number	1921. L.E.	TOTAL.
		n.e.	11.17.		13, 15,	Ti.E.
ART. 1.—Salaries, Wages, and Allowances:—						
A.—Pensionable Staff :—						
Medical Officers, 4th class Employee, 4th class	2 1	336 60	396	2 1	336 72	408
C.—Hors Cadre Staff:—						
Moawin	1 1 2 2 2 1 1 1	48 36 42 36 18 24 18		1 2 5 2 1 1	$\begin{array}{c} 48 \\ 72 \\ 105 \\ 36 \\ 21 \\ 36 \\ - \end{array}$	
Sundry subordinate staff	$\begin{array}{c c} & 3 \\ \hline & 12 \end{array}$	54	276	$\begin{bmatrix} -1 \\ \hline 13 \end{bmatrix}$		339
20 per cent rise of pay to personnel 40 per cent war gratuity		_			_	149 358
E.—Allowances		_	72		_	72
ART. 2.—Transport, Transfer, and Travelling Allowances:—						
Transport		} 50	50	{	5 50 50	105
Art. 3.—Food		_	139		_	4 50
Art. 4.—Forage					_	· —
ART. 5.—Rent, Water, Lighting, etc.:—						
Rent		$\begin{bmatrix} -30 \\ 40 \\ 20 \end{bmatrix}$			40 50 30	
Art. 6.—Books and Periodicals			102			120
ART. 7.—Telegrams and Telephones:— Telegrams		} 9	9	{	$\frac{2}{10}$	
		,			1.0	12
ART. 8.—Petty Expenses		_	12		_	30
Equipment		_	300		_	475
Total			1,357			2,519

Table XXVII.—Cost of Uniform Diets for all In-patients at Ophthalmic Hospitals during 1921, excluding Cost of Rations of Employees.

Hospitals.	Number of Diets issued.	Total Cost. *	Cost per Day per Head.
Daqahlîya Travelling†, Simbellawein, Dekernis, and Matarîy	1,517	L.E. 119	Mills. 78•4
Sohâg	3,794	297	78•3
Mansûra	6,822	530	77•7
Asyût	7,322	538	73.5
Damanhûr	3,922	285	72.6
Faiyûm	2,778	199	71.5
Minya	5,589	390	69.7
Santa† Gharbîya Provincial Council	1,982	137	69.1
No. 3 Camp, Nage Hammâdi and Aswân	3,734	249	66.6
Zagazig	4,807	320	66•5
No. 2 Camp, Gîza	5,728	364	63.6
Beni Suef	6,473	411	63.5
Shibîn el Kôm	5,269	326	61.9
Benha	5,273	317	60.1
Tanta	5,650	335	59.3
No. 1 Camp, Rôd el Farag	4,209	199	47.2
Total	74,869	5,016	66.9

Scale of Full Diet as given to all In-patients at all Ophthalmic Hospitals.

		•							Grammes.
Bread	• • •				•••	•••	•••		600
Beef	•••	•••	•••	•••	• • •	•••	•••		150
Vegetable		•••			• • •	•••	•••	•••	150
Lentils		• • •	• • •	•••	•••	• • •	• • •	•••	75
Rice		•••	• • •	• • •	•••	•••	• • •	•••	- 75
Milk	• • •	• • •	• • •	•••	•••	• • •	• • •		200
Artificial	butt	er	•••	• • •	•••	• • •	• • •	•••	25
	• • •	• • •	•••	• • •	•••	••• ,	• • •	•••	30
Salt	• • •	• • •	• • •	• • •	• • •				15

TABLE XXVIII.—NUMBER OF BEDS AT THE OPHTHALMIC HOSPITALS.

	First.	Third.
No. 1 Travelling	_	10
N. 9 Ct. 1*		20
M om u		10
Tr. 1		20
	1	$\frac{1}{27}$
N.C		20
n · a ·	_	16
		16
Zagazig		16
Damanhûr		16
Shebîn el Kôm	_	16
Sohâg	_	16
Minya	_	12
Faîyîm	_	
Benha	_	16
Alexandria	_	20
Port Said		6
Daqahliya	-	8
Santa	-	10

^{*} Fuel excluded. † Rations of these hospitals are not supplied by contractors but bought locally.

X.—PUBLICATIONS.

(A) Annual.

- (1) Annual Report on Ophthalmic Hospitals: 1912,* 1913,* 1914,* 1915 with 1916, 1917, 1918, 1919,* 1920, and 1921.
- (2) Bulletin of the Ophthalmological Society of Egypt: 1904 * with 1905, 1906 * with 1907, 1908 * with 1909, * 1910, * 1911, * 1912, 1913, * 1914, 1915, 1917, * 1918, * 1919, * 1920, * 1921, and 1922.

(B) Occasional.

- *(1) "Four Years' Work with the Ophthalmic Hospitals of Egypt." Annual Meeting, British Medical Association, 1907.
- (2) "The Relief of Eye Diseases in Egypt with some Consideration of the Incidence of Blindness and Trachoma." Sixteenth.
- (3) "The Egyptian Ophthalmic Hospitals." Annual Meeting, British Medical Association, 1910.
- *(4) "Ophthalmic Hospitals in Egypt." "Ophthalmic Record." U.S.A., 1910.
- (5) Communication read at the Fourth International Blind Congress in Cairo, February 1911. Published in "Ophthalmoscope," 1911.*
- (6) "What are the best means to adopt to avoid the spread of the forms of Ophthalmia which may lead to blindness."
- (7) "Egyptian Ophthalmic Hospitals and the War."
- *(8) "Les Divisions du Trachome, le Traitement de cette Affection et de ses Complications." By the Director, Archives d'Ophtalmologie, September 1911.
- (9) "Trachoma and its Complications in Egypt." By the Director, Ophthalmic Hospitals in Egypt, Cambridge University Press, London, 1913.

^{*} These volumes are now exhausted.

The available copies of the Bulletin of the Ophthalmological Society of Egypt may be obtained from the Honorary Secretary, c/o Department of Public Health, Cairo. Price P.T. 20 or 4s. 6d. post free.

Government Press

1879-1922-375 ex.



التقرير السنوى التاسع عن أعمال قسم الرمد في سنة ١٩٢١

المقدمة

ان مستشفیات الرمد بالقطر المصری جدیرة ببعض التمییز عما سواها من المستشفیات وذلك لأن هده المستشفیات الحاصة وعددها عشرون قد وضعت تحت ادارة واحدة ، وتوحید ادارة هذه المستشفیات فضلا عما فیه من من یة تسهیل عیادة عدد كبیر من المرضی (اذ بلغ عدد المرضی الجدد الذین عو لجوا فی العام الماضی ۱۱۳٫۰۰۰ وعدد العملیات التی أجریت ، ، ، ، ، ، و یزید عدد المرضی الذین عو لجوا فی قسم العیادة الخارجیة عن الملیون) فانه یسهل أیضا تجر بة طرق مختلفة من العملیات والعلاج علی وتیرة منتظمة ،

و يوجد خمسة مستشفيات متنقلة للرمد ثلاثة منها كبيرة ومستوفية المعدات والأدوات بحيث يمكن اجراء أى نوع من العمليات الرمدية فيها . واثنان صغيران ولكنهما يؤدّيان عملا جزيل الفائدة .

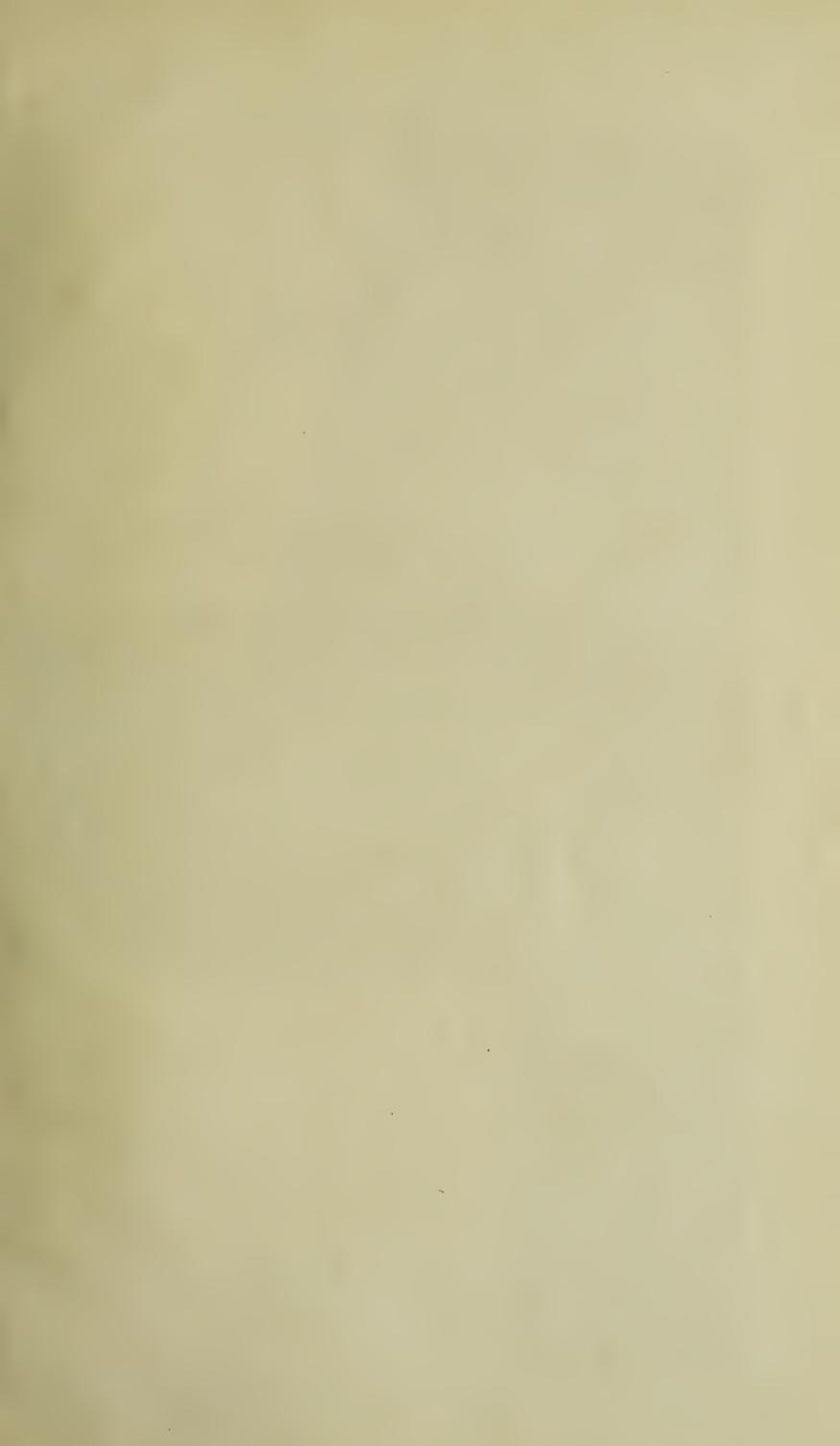
ويوجد خمسة عشر مستشفى بنيت خصيصا للرمد فى المديريات الأربع عشرة بالقطر المصرى . وقد أنشئت هـذه المستشفيات من تبرعات محليـة وتتولى الحكومة الانفاق على معظمها و بعضها تنفق عليـه مجالس المديريات وجار الآن انشاء مستشفيين فى قنا والجيزة .

وأطباء مستشفيات الرمدكلهم مصريون يشتغلون مع مدير انجليزى .

وفى خلال سنة ١٩٢١ حضر للمعالجة بالمستشفيات أكثر من ١٥,٠٠٠ مريضا كانوا اما فاقدى أبصار كلتا العينين أو احداهما وهذا مايقرب من نسبة ١٢ فى الماية من مجموع عدد المرضى الذين كشف عليهم بالمستشفيات – وتبلغ أعمال المستشفيات أقصى كثرتها فى الأشهر مابين يونيو وأكتو بر ويحتمل أن يكون سبب ذاك اشتداد الحر فى الأشهر المذكورة وانتشار عدوى أمراض العيون بواسطة الذباب ان صح ذلك وهو غير معلوم بالضبط ولكنه تحت البحث الآن.

و يوجد فرق عظيم بين الأرماد الصديدية الحادة و ببن الرمد الحبيبي المزمن فان الأرماد الصديدية الحادة اذا لم تعالج يمكن أن تسبب العمى في أيام قليلة وهي السبب في ازدياد عدد المرضى بالمستشفيات في زمن اشتداد الحر . والرمد الحبيبي المزمن يصيب أكثر من ٥ في الماية من مجموع عدد السكان وينتج عن ذلك ضعف الأبصار في معظم الحالات وفقده بالمرة في قليل منها .

ومن الأعمال الهامة التي يؤدّيها قسم الرمد الكشف على تلاميـــذ المدارس الأميرية وعلاج المصابين منهم بأمراض العيون وحيث أنالمعالجة الرمدية بهذه المدارس عنالسنة الحالية لم تنته بعد فلم يتيسر عمل تقرير عنها ودرجه ضمن هذا.



مصلحة الصحة العمومية

التقرير السنوى التاسع لقسم الرمد عن سنة ١٩٢١ الرمد بقلم مدير مستشفيات الرمد

طبع بالمطبعة الأميرية بالقاهرة 1977 و يطلب (إما مباشرة أو بواسطة أحد باعة الكتب) من قلم نشر مطبوعات الحكومة بوزارة المالية (بوستة الدواوين) بالقاهرة

الثمن ٠٠٠٠ مليا